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Falkenhagen, Dale

Evaluation of summer courses

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ALCOHOLISM & DRUG ADDICTION RESEARCH FOUNDATION

EVALUATION

of

Summer Course

on

Alcoholism and Problems of Addiction

June 5th - 17th, 1967

by

Mr. Dale Falkenhagen

Miss Mora Gregg

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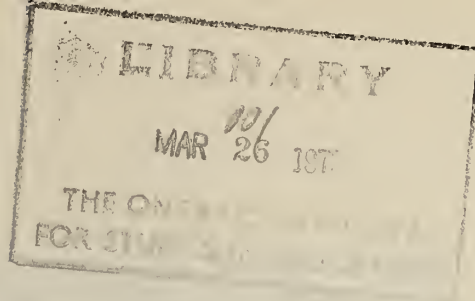
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The Ontario Institute  
for Studies in Education

Toronto, Canada



## I Introduction



Evaluations of the Addiction Research Foundation's summer course on Alcoholism and Problems of Addiction have been carried out in previous years and according to Mr. Gordon Patrick, the course director, these have been informative and helpful in planning. These previous evaluations consisted mainly of an analysis of a questionnaire which was sent out some weeks after the end of the course.

Mr. Patrick decided to have a more intensive evaluation of the 1967 course and to accomplish this he asked his course assistants - Mr. Garth Toombs, Miss Mora Gregg, and Mr. Dale Falkenhagen from the Community Services Division to undertake an ongoing evaluation. Unfortunately this project did not get started until just a few weeks before the course and as a result of the haste in which it was designed there were many weaknesses. On the whole however, those who were involved in the evaluation felt it was a useful exercise and one which could serve as a basis for future efforts.

Prior to the Summer Course Dr. Charles Aharan and Mr. John Neilson, the regional directors of the Foundation's Lake Erie and Eastern Regions respectively, were questioned as to what information they would be interested in as a result of an evaluation of the course. Dr. Aharan thought it would be very interesting to try to gauge the attitude of the participants towards the alcoholic at the beginning of the course and at the end. He hypothesized that as the course is now constituted there would likely be no significant change in attitude. This was conveyed to Mr. Patrick who felt that such change in attitude as there might be should be explored, but unfortunately no specific time could be designated at the beginning or at the end when all the people at the course could participate.

A compromise was reached and it was agreed that volunteers would be asked to take part in the research project during free time in the evening of the first Tuesday and the last Thursday. Dr. Aharan was prepared to come down from London with Dr. John Partington, whose questionnaire was to be used, to administer the research. The project was announced to the participants and there seemed to be a lot of enthusiasm to take part for when a list was posted on the notice board over 50 people immediately signed. Many others said they would like to take part but because of previous commitments could not. Unfortunately almost at the eleventh hour it was decided to call the project off because there were just not enough people prepared to take part to make the resulting statistics significant. It was generally felt that research of this nature was very important and another year time should be set aside for it so that all the participants can take part at the very beginning and very end.



Mr. Neilson thought that it would be worthwhile to have an idea above and beyond the written word on application forms as to why the participants were attending the summer course. No attempt has been made to explore this area in this evaluation other than taking a look at their written reasons.

This report is based on the replies of all the people who attended the summer course; participants, observer-resource people and discussion leaders, to a series of questions relative to program, content, etc. Without their wholehearted cooperation in responding to the questionnaire the information contained in the report would not have been available. If the course executive finds this material of some use in planning future events, the credit and thanks should go to these people.



and the fact that the Government has been unable to secure the necessary funds to carry out its policy of maintaining the peace in the East.

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## II Methodology

There were 95 participants, 8 resource-observers and 8 discussion leaders at the summer course at the University of Windsor in 1967. The characteristics of the participants as outlined on their application forms will be discussed in the next section of the report and where possible they will be compared to last year's group at the University of Waterloo.

Most of this report is based on the response of the people who attended the course to a series of questionnaires which were distributed at intervals throughout the two weeks. There were different questionnaires, 8 in "A" series, 2 in "B" series and one each of a "C" and "D" series. (These questionnaires are available under separate cover). The "A" series were designed to give the participants, resource observers and discussion leaders a chance to rate and make comments on the various lectures and the discussion groups or colloquia as they were officially called. These questionnaires were placed in the colloquia rooms before people returned from lunch on Tuesday, Thursday and Friday of the first week and Monday, Wednesday and Thursday of the second week. It was planned that Miss Gregg would pick the completed questionnaires up at the end of the colloquia.

From the first there seemed to be some concern on the part of the resource-observers and discussion leaders that too much time was being taken away from discussion because of the time required to complete the questionnaire. To compensate for this some discussion leaders had their groups complete the questionnaire at the end of the colloquia and others let their groups take the questionnaire away to be returned the next day. This latter approach was not too successful as many of the questionnaires were not returned. On a couple of occasions the "A" series questionnaires were doubled up, thus in the first week the Wednesday instrument was given out along with the Thursday and the next week the Tuesday with the Wednesday.

The "B" questionnaires were completed by the participants, observer-resource and discussion leaders in the colloquia at the end of the first week. There were designed to get ratings and opinions about the films and materials which had been distributed.

The "B<sub>2</sub>", "C" AND "D" questionnaires were distributed to the rooms on the last Thursday afternoon and were to be completed by the participants, discussion leaders and resource-observers respectively by the next morning. These questionnaires provided an opportunity for people to rate and comment on the films, physical facilities, planning and program.

The responses to the questionnaires were most encouraging for 990 or 98% of the 1,110 were completed. This is broken down into more detail in Table #I.





Table # 1

Type of evaluation form, date completed  
and numbers completed

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<u>Type</u>	<u>Date</u>	<u>Number</u>	<u>Total # possible</u>
A1	Tuesday	108	111
A2	Thursday	110	111
A3	Thursday	110	111
A4	Friday	98	111
B1	Friday	98	111
A5	Monday	104	111
A6	Wednesday	91	111
A7	Wednesday	91	111
A8	Thursday	90	111
B2	Thursday night	76	95
C	Thursday night	8	8
D	Thursday night	6	8
Total		990	1110



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### III Characteristics of the Participants in 1967 and comparison with last year's group

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In looking at a group it is interesting in order to bring things into focus to draw some comparisons to another group. The other group in the report will be the participants at the Summer Course at the University of Waterloo in 1966. To let the cat out of the bag a little ahead of time it should be mentioned that the 1967 Course to almost all people was a very satisfying experience -- a fact that did not seem to be the case in 1966, if one can make a judgment based on what one hears. One of the reasons for this difference in attitude it was speculated, was the fact that the group in 1967 seemed younger than 1966. As it turns out, however, the average age of 38 years was the same for both groups. If one looks at the median age it can be seen that in 1967 it was 41 years and in 1966 only 35 years. The next table indicates the ages of the two groups in ranges of ten years.

Table # 2

Ages of participants in Summer Course  
1967 and 1966 by range of ten years

	1967		1966	
	No.	%	No.	%
20 - 29	23	24	22	25.25
30 - 39	22	23	28	32
40 - 49	33	35	22	25.25
50 - 59	15	16	12	14
60 - 69	2	2	3	3.50
<hr/>				
Total	95	100	87	100.00



The sex ratio between the two groups was very much the same, as might be expected, there were more males than females, as can be seen in Table #3.

Table # 3

Sex of participants at Summer Course  
1967 & 1966

	<u>1967</u>		<u>1966</u>	
	No.	%	No.	%
Male	60	63	56	64
Female	35	37	31	36
Total	95	100	87	100

The next table shows the marital status of the two groups which again is quite similar.

Table # 4

Marital status of the participants at  
Summer Course 1967 & 1966

<u>Marital Status</u>	<u>1967</u>		<u>1966</u>	
	No.	%	No.	%
Married	65	68	52	60
Widowed	2	2	1	1
Single	26	28	34	39
Divorced	2	2		
Total	95	100	87	100





The following table shows the marital status of the two groups broken down by sex.

Table # 5

Marital Status of the participants at the  
Summer Course in 1967 & 1966 by Sex

Marital Status	Sex	1967		1966	
		No.	%	No.	%
Married	male	47	49	42	48
	female	18	19	10	12
Single	male	13	14	14	16
	female	13	14	20	23
Widowed	male				
	female	2	2	1	1
Divorced	male				
	female	2	2		
Total		95	100	87	100



On the application forms the participants indicated their professional role or in other words, what they call themselves. Here it is for 1967 only:

Table # 6

Professional Role of Participants as indicated  
on their application form  
(1967)

<u>Professional role</u>	<u>Number</u>
<u>Industry</u>	13
Personnel	4
Staff training	2
Review officer	1
Disciplinarian	1
Office Manager	1
Union representative	3
Retired from industry	1
<u>Helping professions</u>	55
Nurse *	15
Psychologist *	2
Psychomotrist *	1
Social Worker *	12
Caseworker *	4
Field Worker *	2
Rehabilitation worker *	4
Community Development Worker	5
Psychiatrist *	1
Physician *	6
Volunteer	3
<u>Corrections</u>	8
Correctional Worker *	2
Probation officer *	4
Parole officer *	1
Police officer	1
<u>Education</u>	6
Teacher	3
Education officer	1
Student counsellor	2
<u>Other</u>	13
Clergy *	9
Research	3
Secretary of Temperance Org.	1
<u>Total</u>	<u>95</u>





A star (\*) has been placed beside those people who would very likely be working directly with people who have problems with alcohol for it is quite likely that their interest in coming to the Summer Course was to develop their skills in treatment. This motivation will be checked with the reasons they state on the application forms, shortly. They represent 63 or 66% of the participants, by far the majority.

The next table shows some of the differences in the educational background of the participants at the two courses.

Table # 7

Educational Background of Participants at  
1967 & 1966 Summer Course

Education	<u>1967</u>		<u>1966</u>	
	No.	%	No.	%
Elementary				
less than 5				
more than 5				
Secondary				
1 & 2	5	5.5	3	3.6
3	1	1	2	2.4
4 & 5	11	12	8	9.0
Technical				
University				
B.A.	38	41	33	39.6
M.A.	12	13	13	15.6
M.D.	6	6.5	6	8.0
Ph.D.	2	2	1	1.2
L.L.B			2	2.4
Nursing				
R.N.	7	7.5	4	4.8
R.N.E.			2	2.4
Ph.N.	2	2	4	5.0
Nurse Assistant			1	1.2
Other				
O.C.E.	1	1	1	1.2
Teachers Coll.			1	1.2
Seminary	8	8.5	1	1.2
C.A.			1	1.2
Total	93*	100.00	83 *	100.00

\* Numbers are below the total number of participants because all did not fill out this question.



Over 60% of the participants in both years courses are university graduates and only a small minority in both cases has only high school or less education.

Another way of determining the interest of the participants is to take a look at the settings in which they are employed as has been done in the next table.

Another way of determining the interest of the participants is to take a look at the settings in which they are employed as has been done in the next table.

Table # 8

Place of employment of participants

<u>Employer</u>	<u>Number</u>
Church	8
Corrections *	13
Education	7
Public Health Agency	7
Hospital *	15
Industry & Government	11
Private practice *	2
Social Agency *	10
A.R.F. *	17
Other Alcoholism Bureaus *	6
University student	1
Police	1
Total	98 **

\*\* Total is greater than sample size (95) because 3 people work in 2 settings.

It is impossible to determine from the above table the exact function of the people in the various settings for some could be involved in service and others in administration. If one looks just at the numbers who are employed by agencies which are dealing directly with individuals with problems as indicated by the stars (\*), the number employed is 63 which in this case represents 62%.



No one said they just wanted to get away for a couple of weeks when they responded to the question on the application on why they wanted to attend the summer course. Most of the responses to this question fell into two categories, "to aid in counselling" and "to further knowledge about alcoholism and other addictions."

Table # 9

Participants reasons for wanting to attend  
Summer Course

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<u>Reason</u>	<u>Number</u>	<u>%</u>
Aid to counselling and treatment	27	28.5
To further knowledge	41	43
Knowledge and skills wanted	5	5.25
Concern with employees	9	9.5
To better community	5	5.25
To help students	7	7.5
To help formulate government policy	1	1
Total	95	100.00

The classifications shown above are rather arbitrary and it is difficult to read too much into them. Although some people said they wanted more knowledge it is quite possible they wanted this knowledge to better their treatment skills and this would not be mentioned.

An example here would be a Children's Aid caseworker who stated his purpose in attending the course was "to better understand the problem".

It is quite likely that a person in this position needs to know how to better cope with clients. Nobody stated that they were attending the Summer Course because they were told to by their employer although this could also have been the case in some instances. Only two people indicated in their application that they wanted to "exchange ideas". This certainly is a goal which is seen by the staff of the course for a lot of time is delegated to colloquia or discussion groups.





The last table in this section shows the region in Ontario from which the participants came:

Table # 10

Regions from which participants came

<u>Region</u>	<u>Number</u>
Eastern Ontario	15
Lake Erie	2
Metro Toronto	33
Metro Hamilton	4
Lake St. Clair	4
North Eastern	8
Northwestern	5
Niagara	0
Midwestern	5
Lake Ontario	1
Georgian Bay	3
Outside Ontario	15
N.S.	2
P.E.I.	1
N.B.	2
P.Q.	4
Sask.	2
Alta.	1
U.S.A.	3
Total	95



#### Section IV

The section which follows represents an attempt to organize and evaluate the material contained on the questionnaire in the "A" series. The program for the course is outlined at the beginning of the section and is followed by the analysis of the responses. The presentation will follow a chronological order, from the beginning of the course to the end. Each lecture will be rated on a five point scale (from very helpful to useless) and then any interesting or pertinent comments.





ALCOHOL AND PROBLEMS OF ADDICTION  
RESIDENTIAL SUMMER COURSE  
UNIVERSITY OF WINDSOR

June 4th - 16th, 1967

P R O G R A M

(All sessions in University Centre Building unless otherwise indicated.)

Sunday, June 4th

3.00 - 6.00 p.m.	Registration - Cody Hall Residence	
6.30	Reception and Buffet Supper	
7.30	Welcome to University of Windsor	
	Introduction to Faculty and Course	Mr. G.M. Patrick
	Management of Addiction Problems in Ontario	Mr. S.R. Stevens Mr. R.R. Robinson
9.00	Group Coffee Hour - as assigned	

Monday, June 5th

9.00 a.m.	Society and Beverage Alcohol	Dr. S.D. Bacon
10.15	Canadians and Beverage Alcohol	Mr. J.E. de Lint
1.30 p.m.	Significance of Alcohol to our Society - Panel: Dr. S.D. Bacon Mr. H.J. Krauweel Mr. J.E. de Lint	Mr. R.R. Robinson (Moderator)
2.50	Alcohol - Its Action on the Person	Dr. H. Kalant
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Tuesday, June 6th

9.00 a.m.	Other Drugs of Dependency and How They Work	Dr. H. Kalant
10.45	Transition from Normal to Abnormal Use	Dr. S.D. Bacon
2.00 p.m.	Groups discuss Dr. Schmidt's paper: "Prevalence and Relative Proportions of Alcoholism and Drug Addiction"	
3.00	Comments on questions raised by groups	Dr. W. Schmidt
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	



Wednesday, June 7th

9.00 a.m.	Types of Alcoholisms	Dr. S.G. Laverty
10.10	Potential Organic Damage in Advanced Alcoholism	Dr. M.P. Hoover
1.30 p.m.	Plenary Session	
2.00	Film "Days of Wine and Roses" analysed for case material	Dr. R.J. Gibbins
7.30	Discussion of alcoholism portrayed in the film Panel: Dr. R.J. Gibbins Dr. M.P. Hoover Dr. S.G. Laverty	

Thursday, June 8th

9.00 a.m.	Theories of Causation	Dr. R.J. Gibbins
10.15	Symposium on Theories of Causation Panel: Dr. C.H. Aharan Dr. S.G. Laverty Dr. J.L. Silversides	
1.30 p.m.	Colloquia	
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Friday, June 9th

9.00 a.m.	The Family of the Alcoholic	Miss R.M. Cork
10.20	Alcoholics Anonymous - Groups discuss Dr. Aharan's material	
10.50	A.A. members join groups	
11.30	Group observers discuss A.A. with Dr. Aharan	Dr. C.H. Aharan
1.30 p.m.	Colloquia	
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Saturday, June 10th

9.00 a.m.	Working Effectively Together Reactors: Mr. W. A. McClure Dr. W.V. Johnston	Judge I.C. Johnston
10.35	The Amsterdam Approach to Treatment	Mr. H.J. Krauweel
1.00 p.m.	Free time until Sunday afternoon at 2.00 p.m.	



Sunday, June 11th

2.15 p.m.	Buses leave for Guest House, Lake Orion, Michigan	
6.30	Supper at Guest House (Sanatorium for Priests)	Mr. Austin Ripley
	Observations on past week	Mr. H.J. Krauweel

Monday, June 12th

9.00 a.m.	A Case for Prevention	Mr. R.R. Robinson
	Alcohol Education in the Schools	Mr. A. Lodge
	Applying Communication Principles	Dr. M.L. Clay
1.30 p.m.	Colloquia	
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Tuesday, June 13th

9.00 a.m.	Preventing Problems with Pills, Potions and Pot	Dr. A. I. Malcolm
10.15	Traffic Accidents and Alcoholism	Dr. R.G. Smart
	Beverage Alcohol & Traffic Accidents (Film ".08")	Dr. H.W. Smith
	Discussion - Dr. Smith, Dr. Smart and participants	
1.30 p.m.	Colloquia	
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Wednesday, June 14th

9.00 a.m.	Legislation and the Revolving Door	Prof. P.J. Giffen
10.30	Drinking and Law Enforcement	Prof. R.A. Helling
1.30 p.m.	Colloquia	
Evening	Free	

Thursday, June 15th

9.00 a.m.	The Employed Alcoholic	Dr. J.D. Belasco
10.35	Reactor Panel - Employer, Union, Employee	
1.30 p.m.	Colloquia	
7.00	Film Review	
8.00	Conversations with lecturers - Residence lounges	

Friday, June 16th

9.00 a.m.	Colloquia groups paired for presentations on week's task	
10.30	Group proposals for Management of Alcoholism	Chairman - L.A. Purdy
12.30 p.m.	Closing Lunch	







Monday, June 5th

Chart #1

Society and Beverage Alcohol - Dr. S.D. Bacon

Number of responses 107

Very helpful	45%
Helpful	47%
Neutral	6%
Not too helpful	2%
Useless	--

Comments

"Very helpful" -Teacher:

I knew very little of the historical background of the spread of drinking beverage alcohol in North America. This is one of the subjects I must cover in the course I teach.

"Very helpful" - Social Worker:

The literature offers very little to explain the historical background of alcoholism in North America, especially with regard to the negative and rigid feelings that have been carried forth until today. Yet I feel that a comparative presentation of these developments in Canada would have been in order for this Canadian study group.

"Helpful" - Nurse:

The historical outlook gave the reasons for the present attitude toward drinking and alcoholism. In dealing with patients and their families, helping to modify attitudes is an important aspect of health teaching.

"Neutral" -Volunteer:

Informative to me personally - but did not seem to apply to my particular interest and concern which is immediate help and treatment for the individual.



Chart #2

Canadians and Beverage Alcohol

Number of responses 108

Very helpful	
Helpful	23.5%
Neutral	49 %
Not too helpful	24 %
Useless	3.5%

Comments

"Helpful" - Union Member:

Informative - information which may be used in our own "Union Educational Program."

"Helpful" - Personnel Representative:

Increased understanding of the prevalence of alcoholism in Ontario in that comparison was made with other provinces and countries.

"Helpful"- Teacher:

I'm afraid that at times I lost the drift of his topic but facts presented were applicable to course of studies in Grade X program.

"Neutral" - Rehabilitation Worker:

This is interesting information to have but I wonder how relevant it is to the treatment of alcoholics. I suppose it would be helpful to educators in helping them to set up programs of prevention.

"Neutral" - Social Worker:

Although I realize that the presentation was perhaps meant to be only statistical in nature, it was somewhat too cut and dried and was not synthesized into a logical and meaningful whole. It was difficult to see where the lecturer was heading and the data was somewhat erratic.



"Not too helpful" - Government Employee:

There were some grey areas that no one had a chance to question. We need to know more about sample distribution. We need to know more about theory.

<u>Chart #3</u>	
<u>Significance of Alcohol to our Society</u>	
Number of responses	<u>108</u>
Very helpful	8%
Helpful	31%
Neutral	35%
Not too helpful	19%
Useless	7%

Comments -

"Very helpful" - Teacher:

There is always a need for a panel discussion to bring out points which are more important to a particular party.

"Neutral" - Government employee:

I think questions from the floor would have been far more effective, more probing in depth for certain facts and answers.

"Useless" - Social Worker:

I could not understand due to accent of two of the speakers and their distance from the microphone, much of which was going on. Therefore, the usefulness to me was almost nil.



Chart #4

Alcohol, Its Action on the Person

Number of responses 108

Very helpful	68.5%
Helpful	25 %
Neutral	5.5%
Not too helpful	1 %
Useless	

Comments:

"Very helpful" Social Worker:

As social scientists working in the field of the "humanities" it was certainly refreshing to hear a clear, precise lecture which went to the point. As a social worker, I feel our profession tends to get polarized in sociology and psychology. Occasionally we need to broaden our background by reading into other fields such as biochemistry.

"Very helpful" - Nurse:

The physiological action of alcohol on the body is very pertinent in teaching about alcoholism, and many of the questions I had pertaining to the metabolism of alcohol were answered in this lecture.

"Helpful"-Rehabilitation Officer:

Notes provided were an asset.

"Helpful" - Volunteer:

An elaborate, detailed presentation but I had trouble following the clinical terms and explanations. This lecture was above my head and far too much was presented in 50 minutes.





Chart #5

Other Drugs of Dependency and How They Work

Number of responses 106

Very helpful	71.5%
Helpful	24.5%
Neutral	4 %
Not too helpful	
Useless	

Comments:

"Very helpful" - Nurse:

This is very pertinent because drug addicts are treated on the unit and the information gained from the lecture will be helpful in dealing with patients, as well as teaching student nurses.

"Very helpful" - Clergyman:

This was extremely well done. I sometimes suspect that many of the "Drys" who are so against booze are themselves hooked on sedatives or tranquilizers.

"Helpful" - Social Worker:

It is not easy for a counsellor to get the kind of information about drugs and their effects. I recommend a pamphlet with this material listing all the names, chemical and trade, in each category with some indication of how each affects behavior patterns and emotional reactions.

Chart #6

Transition from Normal to Abnormal Use

Number of responses 107

Very helpful	69%
Helpful	23.3%
Neutral	7.5%
Not too helpful	
Useless	



Comments:

"Very Helpful" - Nurse:

The down-to-earth approach in classifying the different categories of drinkers, made the transition from normal to abnormal more easily understood and will be very helpful.

"Very helpful" - Physician:

An address in easily understood terms by an authority and master teacher. The best I have heard on this facet of problem drinking.

"Helpful" - Nurse:

I feel this paper was well presented; I will certainly be able to apply this knowledge in helping clients to understand the problems of abnormal use of alcohol, not only the clients but the families of clients.

"Neutral"-Physician:

This information I am well acquainted with. Also the discussion was long and drawn out. Information could have been presented in 10 minutes. Too much showmanship this time.

Chart #7

Quality of Participation in Discussion Group

Number of responses      108

Very satisfactory	32.5%
Adequate	62 %
Poor	5.5%

Comment:

"Adequate"-Group leader:

Not enough time.



WEDNESDAY, June 7

Chart #8

Types of Alcoholism

Number of responses 103

Very helpful	27.1%
Helpful	53.4%
Neutral	16.5%
Not too helpful	2%
Useless	1%

Comments:

"Very helpful" - Parole Officer:

The talk was very practical and the use of visual aids was excellent.

"Helpful" - Nurse:

In light of Dr. Bacon's paper, this presentation affirms interdependence of factors and highlights the historical significance of the "ism" approach.

"Neutral" - Clergyman:

This doesn't seem to help me much in pastoral counselling situation to know what category an alcoholic fits into. I suppose it is interesting to be aware of different types though.

"Not very helpful" - Social Worker:

While a few cases were cited which fit into the system, when one has a large number of cases there appears to be considerable overlapping. While such a structure can be helpful, it can also confuse the issue at times with people attempting to classify and apply labels, losing sight of the fact that labelling does not solve the problem.





Chart #9

Potential Organic Damage in Advanced Alcoholism

Number of responses      108

Very helpful	25%
Helpful	55%
Neutral	17%
Not very helpful	2%
Useless	1%

Comments:

"Very helpful" - Nurse:

This is just what I needed. A clear concise description.

"Helpful" - Social Worker:

The speaker endeavoured to explain in terms which the layman can understand. However, he was not given enough time.

"Neutral" - Psychologist:

I suppose it is good to know the possibilities but this material is of little or no help to me as a psychologist.

"Not very helpful" - Probation Officer:

Now that I am at least aware of potential organic damage, I can refer clients to physicians.

Chart #10

"Days of Wine and Roses"

Number of responses      106

Very helpful	38%
Helpful	46%
Neutral	12%
Not very helpful	2%
Useless	2%



Chart #11

Analysis of Film for Case Material

Number of responses 103

Very helpful	28%
Helpful	52%
Neutral	17%
Not very helpful	3%

(Participants included both the film and the analysis in their comments.)

Comments:

"Very helpful" - Psychologist:

Excellent film pointing up effects of alcoholism on the family etc. Dr. Gibbin's remarks plus the group discussion made it truly a learning experience, which in turn aided group progress.

"Helpful" - Nurse:

Though the film was exaggerated, it clarified some aspects of the Jellinek classification system. It stimulated discussion on the care approach and brought out feelings of the people in my group.

"Neutral" - Civil Servant:

Film was exaggerated and the analyses over-emphasized the psychiatric aspects of the characters. After all it is a commercial production, not an instructional film.

"Not very helpful" - Physician:

Film was badly cut making it difficult to understand the stages of alcoholism. The woman's pattern was unconvincing and the hero seemed typical of urban social drinkers in an executive setting.

"Useless" - Social Worker:

Film was entirely unrealistic. The most common response I observed is fear of the consequences of drinking alcoholic beverages.



Chart #12

Panel discussion of alcoholism  
as portrayed in the film

	Number of responses	<u>108</u>
Very helpful	26%	
Helpful	49%	
Neutral	21%	
Not very helpful	2%	
Useless	2%	

Comments:

"Very helpful" - Social Worker:

The discussion pointed out many aspects of alcoholism in the film which I had overlooked. It made me realize you can't be too pat about any one individual case.

"Helpful" - Nurse:

Panel was very helpful and informative, but they were not given enough time.

"Neutral" - Social Worker:

Obviously the panel members were in more disagreement than they admitted to.

"Not very helpful" - Physician:

Panel members refrained from controversy. They were reluctant to deal with questions in depth. They were far too polite to each other.

"Useless" - Social Worker:

Boring, artificial, not spontaneous and of little use to anyone



THURSDAY, June 8th

<u>Chart #13</u>		
<u>Theories of Causation</u>		
Number of responses		<u>104</u>
Very helpful	32%	
Helpful	54%	
Neutral	9%	
Not very helpful	5%	

Comments:

"Very helpful" - Clergyman:

The talks were excellent, clear, scientific, and well organized and stimulated thoughts on my own "theory".

"Helpful" - Nurse:

Made me more aware that there is more than one approach and much is left to be done.

"Neutral" - Probation Officer:

There was a lack of definitiveness which we are perhaps seeking.

"Not very helpful" - Physician:

There is little value in discussing theories which have little acceptance. References would suffice.

<u>Chart #14</u>		
<u>Symposium of Theories of Causation</u>		
Number of responses		<u>106</u>
Very helpful	49 %	
Helpful	41.5%	
Neutral	9.5%	





Comments:

"Very helpful" - Teacher:

Up until this time I was firmly convinced that alcoholism is a disease per se. Now I feel there are many ways of perceiving the subject and varying qualities of "recovery".

"Very helpful" - Social Worker:

I felt a wide range of attitude and "expertise" was represented. Panelists were candid and there was excellent rapport with the audience. This is the best session we have had so far.

"Helpful" - Clergyman:

It is very reassuring to hear learned people disagree.

"Helpful" - Social Worker:

Panel displayed personal conviction of their theories which stimulated participants to think.

"Neutral" - Rehabilitation Worker:

I did not come away with any concrete points or ideas. In short, I am not at all clear on the whole subject of causation.

Chart #15

Quality of Participation in Discussion Group

	Number of responses	<u>103</u>
Very satisfactory	48.5%	
Adequate	50.5%	
Poor	1%	

Comments:

"Very satisfactory" - Nurse (Group 6):

The whole assembly has been more relaxed the last day or two. The film "Days of Wine and Roses" plus the theories of causation, triggered many questions in my group. Also, in my group as well as on the floor of the lecture room, the clergy really participated and brought forth the spiritual aspects which had not been dealt with.



"Adequate " - Social Worker (Group 6):

The group is beginning to improve. Before, we were a bunch of individuals telling stories. Now feelings are being expressed.

"Adequate" - Civil Servant (Group 3):

As a non-professional management representative, I have found the group interesting but in some aspects not applicable to my position. I find I do not share the intensity of feeling or personal commitment of other members of the group.

"Poor" - Clergyman (Group 1):

The discussion split into small groups and didn't listen to each other. They talked about irrelevant topics.



FRIDAY, June 9

CHART #16

The Family of the Alcoholic

Number of responses 86

Very helpful	47.5%
Helpful	42 %
Neutral	9 %
Not too helpful	9 %

Comments:

"Very helpful" - Social Worker:

This presentation tended to give more of a wholistic approach to diagnosis and treatment. It gave the social agency and the social worker a very useful framework and saw alcoholism as only a part of a totally family relationship problem.

"Helpful" - Probation Officer:

The presentation made me realize the need to treat the whole family as a unit rather than to isolate the alcoholic for treatment.

"Neutral" - Physician:

The presentation suffered from generalities. Not enough concrete helpful ideas were presented.

Chart #17

Discussion of Alcoholics Anonymous

Number of responses 86

Very helpful	63%
Helpful	27%
Neutral	10%

Comments:

"Very helpful" - Union Representative:

I enjoyed the approach of professional humbleness along with attained knowledge and respect for A.A.





"Very helpful" - Physician:

Very excellent comprehensive description of A.A. philosophy. Especially useful was Dr. Aharan's frank description of his personal experience in visiting A.A.

"Helpful" - Social Worker:

The objectivity concerning A.A. and the absence of the usual "old-hat" A.A. phrases was refreshing.

"Helpful" - Clergyman:

This presentation cleared up many doubts I had in regard to A.A. group therapy and their philosophy; (especially concerning religion).



SATURDAY, June 10

Chart #18

Working Effectively Together

Number of responses 97

Very helpful	25%
Helpful	59%
Neutral	14%
Not too helpful	2%

Comments:

"Very helpful" - Volunteer:

The panel was realistic and lucid. They touched some very tender spots when speaking about referring i.e. passing the buck.

"Helpful" - Clergyman:

I have a feeling this concept is and will continue to be more honoured in precept than practice. However, I thought it was particularly well articulated on the panel.

"Helpful" - Nurse:

This panel was helpful because now I have a good idea of where and how to make referrals.

"Neutral" - Social Worker:

I have worked on two research projects (one in Canada and one in U.S.A.) which dealt with this problem. They showed that there is little or no communication between agencies. I am very cynical about the whole business.

"Useless" - Psychologist:

There was no attempt to talk in anything but generalities. The panel did not get down to brass tacks.



CHART #19

The Amsterdam Approach to Treatment

Number of responses 96

Very helpful	24%
Helpful	45%
Neutral	28%
Not too helpful	2%

Comments:

"Very helpful" - Physician:

This overview is excellent in terms of sharpening the perspective on attitudes (our own) and perhaps will give a more approachable means of making ideas more acceptable to others.

"Very helpful" - Psychologist:

Mr. Krauweel's consideration of immediate causes, situational causes, was a refreshing and enlightening experience for me being used to "diagnosing" in terms of personality variables.

"Helpful" - Nurse:

The talk was difficult to understand and hard to follow. However, in essence I could share the speaker's viewpoint.

"Neutral" - Parole Officer:

I was hoping for a more detailed description of treatment methods, facilities, etc.

"Not too helpful" - Psychologist:

I did not find the talk very helpful. It was anecdotal, rambling, and non-specific.





MONDAY, June 12

Chart #20

A Case for Prevention

Number of responses 100

Very helpful	28%
Helpful	53%
Neutral	16%
Not very helpful	3%

Comments:

"Very helpful" - Clergyman:

This material is relevant with regard to recognition of a false hierarchy of values with respect to alcohol. A worthwhile and enlightening presentation.

"Helpful" - Union Representative:

Very interesting, informative, and most capably presented.

"Helpful" - Psychologist:

Message had ring of authority, yet there could have been an attempt to be more specific and bolster generalities with facts of a cross-cultural nature.

"Neutral" - Social Worker:

I found this approach too prescriptive for my use. It is a good presentation for the general public.

"Not too helpful" -- Research Assistant:

There were only assumptions and no facts. The presentation repeated the printed material.

Chart #21

Alcohol Education in the Schools

Number of responses 101

Very helpful	16%
Helpful	58%
Neutral	23%
Not too helpful	2%
Useless	1%



Comments:

"Very helpful" - Policeman:

It should be of great interest to adults to know their children learn a sensible approach to alcoholism.

"Helpful" - Nurse:

This is news to many of us and in that respect is very useful (especially to those of us with children).

"Helpful" - Clergyman:

The curriculum is good but how it is presented and by whom will be determining factors in its usefulness.

"Neutral" - Social Worker:

The material, though well presented, was the same old thing. Nothing new or exciting is being done.

"Not too helpful" - Teacher:

The material was very general and not new. The obvious problems of facilities, attitudes of administrators, etc. were not mentioned.

Chart #22	
<u>Applying Communication Principles</u>	
Number of responses <u>93</u>	
Very helpful	10%
Helpful	58%
Neutral	22.5%
Not too helpful	8.5%
Useless	1%

Comments:

"Very helpful" - Social Worker:

I found the lecture both practical and beneficial.

"Helpful" - Social Worker:

Made much of the material presented in earlier lectures far more meaningful. Set them in perspective.

"Helpful" - Clergyman:

I can't disagree with the principles but would like to hear more about specific application of these concepts to a particular problem.



"Neutral" - Probation Officer:

The material, unfortunately, lost a great deal in the course of presentation.

"Not very helpful" - Teacher:

Dr. Clay is a poor communicator.

(This particular witticism appeared many times on evaluation forms.)

Chart #23

Quality of participation in discussion groups

Number of responses    102

Very satisfactory	53%
Adequate	41%
Poor	5%

There were no comments on the forms.



TUESDAY, June 13

CHART #24

Preventing Problems with Pills, Potions and Pot

Number of responses 87

Very helpful	44%
Helpful	48%
Neutral	8%

Comments:

"Very helpful" - Teacher:

A very thoughtful, thorough, explicit account useful for teaching.

"Very helpful" - Probation Officer:

I now have clear information on marihuana for the first time. Alan Ginsberg is O.K., but does not carry much authority.

"Helpful" - Nurse:

Factual and up to date. I would appreciate more suggestions about prevention and/or treatment actually operant.

"Helpful" - Social Worker:

A fair picture of the habituating drugs and their effects was given in the short time allotted. For a topic which is so intensive could you not spare more time?

"Neutral" - Clergyman:

Though it was a comprehensive picture of drugs and their effects, more might have been said about implications.

Chart #25

Traffic Accidents and Alcoholism

Number of responses 85

Very helpful	20%
Helpful	55%
Neutral	22%
Not too helpful	2%





Comments:

"Very helpful" - Social Worker:

We are confronted with a situation of which we are all guilty (Those of us who drink). The importance of not driving while drinking "struck home" with me and I can now appreciate the seriousness of this matter.

"Helpful" - Psychologist:

This was an area in which I was least informed and was happy to learn something. The presentation was excellent.

"Helpful" - Social Worker:

The talk gave me some insight where previously I had only opinions.

"Neutral" - Nurse:

I couldn't grasp the point of view at all.

<u>Chart #26</u>	
<u>Film "Point Zero Eight"</u>	
Number of responses <u>87</u>	
Very helpful	52.5%
Helpful	38%
Neutral	8%
Not too helpful	1%

Comments:

"Very helpful" - Psychologist:

This film is particularly outstanding because of the type of drivers selected for the experiments. This will appeal to young people who see the film and will go far with them.

"Very helpful" - Clergyman:

This is probably the most effective type of education program we can undertake.

"Helpful" - Rehabilitation Officer:

This film blows apart many of the long-held convictions of drivers who drink.

"Neutral" - Research Assistant:

There is no control group. What would the results be if one had been used? Would they have fared just as badly?



Chart #27

Panel Discussion of "Point Zero Eight"

	Number of responses	<u>91</u>
Very helpful	12%	
Helpful	61%	
Neutral	24.5%	
Not too helpful	2.5%	

Comments:

"Very helpful" - Probation Officer:

A new look at an old subject. Cleared up some muddy areas in the film.

"Helpful" - Psychologist:

This was a good opportunity to voice dissonant views on an emotional issue, i.e. the proposed legislation concerning blood alcohol levels.

"Neutral" - Physician:

Not enough emphasis was put on public impact. I feel it was examined from too much of a professional viewpoint.



WEDNESDAY, June 14

Chart #28

Legislation and The Revolving Door

Number of responses      91

Very helpful	25 %
Helpful	50.5%
Neutral	23 %
Not too helpful	1.5%

Comments:

"Very helpful" - Volunteer:

This was an excellent picture of the skid row alcoholics' problems, particularly in terms of lack of integration of services.

"Very helpful" - Probation Officer:

Some of this information may enable me to make constructive suggestions to magistrates.

"Helpful" - Psychologist:

Legislation being behind the times, it is always very frustrating for me to listen to such lectures.

"Helpful" - Social Worker:

The speaker could have defined the "revolving door" type. What is this person like?

"Neutral" - Nurse:

I deal with this problem in a hospital setting and I felt that in this presentation, nothing came out to realistically focus on in terms of changing the situation.





Chart #29

Drinking and Law Enforcement

Number of responses	<u>87</u>
Very helpful	42.5%
Helpful	41%
Neutral	15%
Not too helpful	1%

Comments:

"Very helpful" - Clergyman:

One of the clearest, most reasonable presentations heard so far. I wonder if there is anything that we, as an interested group of people, could do to help change some of our legislation.

"Very helpful" - Psychologist:

An inspired and insightful presentation which gives an idea of the kind of behind the scenes aspects of legislation.

"Helpful" - Nurse:

Dr. Helling is too cynical for me.

"Helpful" - Probation Officer:

The sociological approach is not of practical value to me, but is very helpful in shaping overall thinking.

"Neutral" - Civil Servant:

I entirely disagree with the speaker's predictions.

CHART #30

Quality of Participation in Discussion Group

Number of responses	<u>90</u>
Very satisfactory	51%
Adequate	48%
Poor	1%



THURSDAY, June 15

Chart #31

The Employed Alcoholic

Number of responses 90

Very helpful	58%
Helpful	33%
Neutral	9%

Comments:

"Very helpful" - Nurse:

This is the most realistic appraisal I have heard. It goes beyond the "do-good" attitude. I liked the approach of involving the family and peers to help precipitate crises. Also, I acquired facts instead of generalities.

"Very helpful" - Physician:

This was new material for me. It was the destruction of many cherished prejudices. It provides cogent arguments I can use in my contacts with employers.

"Helpful" - Union Representative:

The talk was very general and the speaker used only U.S. data. But in some respects it was illuminating.

"Helpful" - Civil Servant:

Dr. Belasco restored realism to the program of rehabilitating the employed alcoholic. He said he was "constructively pessimistic". I think he is being realistic.

"Neutral" - Teacher:

This is of no particular value to me in my work.



<u>Chart #32</u>	
<u>Reactor Panel</u>	
Number of responses	<u>96</u>
Very helpful	15%
Helpful	59.5%
Neutral	25.5%

Comments:

"Very helpful" - Nurse:

The panel pointed out that seemingly practical suggestions were in fact not so, when discussed by those actually in the employment situation. It was a very good reactor panel.

"Very helpful" - Physician:

The panelists provided a most stimulating discussion and their ability to corner the expert is noteworthy.

"Helpful" - Community Development Worker:

Many relevant points were brought out. For example, they emphasized the power and influence of the union. This is often overlooked when we approach industry about a program of early detection.

"Neutral" - Civil Servant:

There could have been more questions from the floor as this would have opened up discussion. More time should have been provided.



SECTION V

The B<sub>1</sub> and B<sub>2</sub> questionnaires were handed out at the end of the first week and the end of the second week respectively. These questionnaires attempted to bring to light opinions about the evening films, facilities, special events and the program in general. The B<sub>1</sub> questionnaire was handed out at the end of the first week in order to catch the participants' opinions while their memories were still fresh.

The first part of this section covers films and special events. The second part includes facilities. The third part deals with opinions about the program in general.





1. FILMS

Monday, June 5: "Should You Drink" and "To Your Health"

Number of responses 75

Very helpful	15%
Helpful	70%
Neutral	11%
Not too helpful	4%
Useless	

Tuesday, June 6: "For Those Who Drink"

Number of responses 62

Very helpful	22.5%
Helpful	61.5%
Neutral	13.0%
Not too helpful	3.0%

Thursday, June 8: "The Critical Decades"

Number of responses 60

Very Helpful	20.0%
Helpful	38.0%
Neutral	30.0%
Not too helpful	8.5%
Useless	3.5%

Friday, June 9: "The Bold New Approach"

Number of responses 64

Very helpful	25%
Helpful	60%
Neutral	16%

Monday, June 12: "The Eye of the Beholder"

Number of responses 75

Very helpful	38.5%
Helpful	44.0%
Neutral	21.0%
Not too helpful	4.0%
Useless	1.5%

Tuesday, June 13: "The Loretta Young Show"

Number of responses 53

Very helpful	21%
Helpful	38%
Neutral	19%
Not too helpful	2%

Tours of other facilities such as Guest House.

Number of responses 76

Very useful	63%
Useful	37%



## 2. FACILITIES

### Room Number of responses 90

Excellent	61%
Good	34%
Neutral	5%

### Meals Number of responses 96

Excellent	65%
Good	31%
Neutral	4%

### Lecture Hall Number of responses 91

Excellent	52%
Good	39%
Neutral	7%
Poor	2%

### Discussion Group Room Number of responses 90

Excellent	31%
Good	51%
Neutral	12%
Poor	5%
Bad	1%

### Library Number of responses 75

Sixty-nine people used the library.

Six people did not.

The library was used for the following reasons.

Browsing	54 people
Reading	38 people
Borrowing	18 people
Other	8 people (usually chatting or watching television)

### Printed Materials

	<u>First week</u> (95 responses)	<u>Second week</u> (75 responses)
Very useful	48.5%	68.0%
Useful	46.5%	30.5%
No comment	5.0%	1.5%

Miss Helen Henderson, the course librarian reported that 26 books were issued (19 titles).



### 3. GENERAL PROGRAM

#### Discussion Group

##### a) End of First Week

Number of responses 96

Very helpful	31.5%
Helpful	53 %
Neutral	14.5%
Not too helpful	1 %

#### Comments on first week.

##### Group 1

##### "Very helpful" - Nurse:

For purposes of sharing and pooling feelings and experiences there is frankness and informality in the group.

##### Group 2

##### "Helpful" - Volunteer:

The group has gone from poor to good in the first week. There is more subjectivity and personal interaction.

##### "Neutral" - Social Worker:

Group leader and observer are restrictive and confining. They impaired their own aims on the group program. The group is too large and too much time is spent in colloquia.

##### Group 3

##### "Very helpful" - Social Worker:

All participants are sincere in trying to gain not just specific answers but also general impressions and attitudes.

##### "Helpful" - Rehabilitation Worker:

Discussions have remained at high intellectual level. We have not yet come down to a very personal level but there are signs some members are beginning to open up.

##### Group 4

##### "Very helpful" - Physician:

Everyone is personally involved. Group gives opportunity to deal with feelings about alcohol and alcoholics which otherwise would have interfered with learning.

##### "Helpful" - Civil Servant:

We do not seem to be together long enough to get to know one another well and we start each session "reaching" for some unity or ideas. Structure of the group makes it a little more difficult to get going. However I am sure this will improve and the structure will prove to be beneficial.





Group 5

"Very helpful" - Psychologist:

Group members are willing to give something of themselves;  
of their experience.

"Helpful" - Social Worker:

The group is interested in overall problems and role and  
function of agencies rather than viewing problems from a  
subjective point of view. No one discipline tries to  
dominate.

Group 6

"Helpful" - Nurse:

We feel we are covering every aspect of the problem and are  
expressing ourselves freely. We are learning from other  
members and their roles in the problem.

Group 7

"Very helpful" - Corrections Officer:

The leader is very skilled at drawing each participant into  
group discussion.

"Not too helpful" - Psychologist:

There is a number of people talking and few listening. The  
consequence is that individual topics arise and are ignored  
by others.

Group 8

"Helpful" - Social Worker:

There is a good range of ideas and flexibility within a  
structure determined by the members.

"Neutral " - Clergyman:

The group is too structure oriented. Areas of concern to the  
group are not resolved before moving on.

b) End of Second Week - Number of responses 74

The discussion group is:

Greatly improved	46%
Improved	39%
The same	12%
Worse	3%

Amount of time spent in discussion:

Too much	26%
Just enough	66%
Too little	8%



Comments: \*

"Greatly improved" - Clergyman:

Group members are now able to express their feelings and freely over-ride a too structured approach. The group leader tried to be structured at first and gave way to the will of group.

"Greatly improved" - Volunteer:

There is far more individual participation and a greater and free exchange of conflicting views which made for a more interesting discussion.

"Improved" - Nurse:

There is much better organization of thought.  
Leadership is a little tighter.

"The same" - Rehabilitation Worker::

We ran out of steam. We have been groping for direction or a concrete subject to relate our pooled resources to.

"Worse" - Probation Officer:

People are too physically tired to concentrate.

c) Group Task - Number of responses 67

Did you like having a task to discuss?

Yes - 73% No - 27%

Comments

i Those who replied "yes"

Clergyman:

I liked the task but a balance between some specific task and the group's personal concern would be good.

Nurse:

The task made me aware of problems of other agencies. It helped me with my particular problems in treatment.

Parole Officer:

In discussing our ideal community, we drew large on each other's knowledge and learned a great deal incidentally which we might not otherwise have learned.

- \* These comments are not broken down by groups because the B2 questionnaires were not distributed in colloquia but in the participants' rooms. Therefore, when they were returned on the final morning of the course we had no idea of what group the questionnaires came from.



ii Those who replied "NO"

Clergyman:

I would allow the group to decide on its own. I personally oppose this type of approach.

Probation Officer:

It is more important to discuss feelings and attitudes. The improvement in our group more due to the effectiveness of our group leader, certainly not the task.

d) Resource People - Number of responses 70

Do you feel the resource people from ARF were helpful to the discussion group?

Yes - 73% No - 7%

Comments

i Those who replied "YES".

Clergyman:

Our observer was most helpful in our questions about ARF without dominating the group or making ARF sound like the answer to everything.

Probation Officer:

Our resource person was invaluable. She never intruded but was always ready with an effective contribution when needed.

ii Those who replied "NO"

Physician:

I don't feel the resource people were needed as there were ARF people in each group who knew ARF policies.

Social Worker:

Regionalism of the Foundation prevented resource people from being just that.

Did the summer course provide the type of information you expected it would?

Number of responses 76

Yes	51%
To some extent	40%
Not sure	1%
To a limited extent	8%

Comments

"YES" - Clergyman:

I was pleasantly surprised. I learned more than I had expected.





"YES" - Corrections Officer:

Before coming I had only a vague idea of what it was all about. The course provided what I wanted - stimulation - and now I want to find out all I can and discuss the subject as much as possible.

"To some extent" - Social Worker:

I was expecting more emphasis on the treatment aspect. i.e. therapy techniques to be used.

"Not sure " - Rehabilitation Worker:

The vagueness of the whole subject seemed to persuade the course. Education revolved around finding out what various people do in the field.

"To a limited extent" - Social Worker:

I felt few ideas on treatment emerged and not enough two-way communication. Many questions were always left unanswered.

In this section we asked the participants to tell us what topics they feel should be added or dropped from the course, what they liked best and so on. Following is a list of those topics most frequently listed.

What topics could be added to the program?

Spiritual aspects and role of clergy	-	14 people
Role of ARF	-	6
Youth and Alcohol	-	5

What topics could be dropped?

"Statistics" and research papers - 7

What was not sufficiently discussed?

Treatment	-	21
Drug dependence		11
Prevention		6
A.A.		6

What did you like best?

- The Family of the Alcoholic (Cork)	11
- A.A. and Causation (Aharon)	10
- Society and Beverage Alcohol and Transition from Normal to Abnormal Use (Bacon)	8
- The Employed Alcoholic	8
- Alcohol - Its Action on the Person and Other Drugs of Dependence (Kalant)	6
- Theories of Causation (Gibbins & Webster)	6
- Colloquia	5





What did you like the least?

- |  |   |
|--|---|
| - Applying Communication Principles (Clay) | 6 |
| - Canadians and Beverage Alcohol (deLint)  | 4 |
| - A case for Prevention (Robinson)         | 4 |
| - "Statistics"                             | 4 |



Practical Application of the Course

Do you think the course will prove to have practical application to your work?

Number of responses    76

Many                    38%

Some                    54%

Not sure                3%

Only a few              5%

Comments:    We asked the participants to state how the course may prove useful and what difficulties they foresee.

Clergyman:

This has been a training program in sensitivity which will make it easier for me to accept the alcoholic than before. There has been "growth in understanding". I foresee the usual difficulties in applying theory to practical and on-the-spot situations.

Corrections Officer:

I am better prepared to help alcoholic women in prison. I now have more interest and respect for A.A. I have learned a great deal about how groups work and realize now how difficult it is for some to open up and speak out.

Psychologist:

I now have useful information and resource material which will be helpful in setting up lectures for group discussions with alcoholics and staff training. I am stimulated to strive for better treatment methods. I foresee difficulties because

- a) legislation is behind times and often impedes treatment and prevention
- b) I have not enough scope and power to put into practice many of the good things I learned.

Social Worker:

Although I am not involved in active treatment of alcoholics, I am sure my knowledge will be applied in some form. The practical application may only be an attitudinal change and to me this is my motivation to help when I can. Difficulties may arise in applying myself as a socially responsible person when I meet someone who needs help with his alcoholism.

Teacher:

The background I have acquired is valuable for teaching. Also the knowledge of the helping professions will help me in handling problems I see in school with more understanding.

Civil Servant:

I can foresee the information being misused -- we don't want people running around accusing social drinkers of being alcoholics. We want to be sure before we start moving.



ACTIVITY OUTSIDE THE FORMAL PROGRAM

All participants who responded to the question on activity outside the formal program agreed that such activity was very valuable and meaningful.

COMMENTS:

Physician:

The opportunity at the summer course to meet informally with 100 or more people over a period of two weeks was a good stimulus for personal growth. It enriched my life.

Social Worker:

More time should be set aside for informal get-togethers. These times are the most profitable because participants are more likely to let their hair down. (literally too)

Correction Officer:

The informal chats are most valuable for shy people who are quiet in their group. It is a good change of pace. The parties were an excellent lubricant, though they were not strictly "informal".

TOTAL COURSE EXPERIENCE

Do you think the summer course as a whole met the expectations you set for it?

Number of responses - 72

Yes - 91%

No - 9%

This question is a variation on the earlier question concerning course content. The comments in response to this question are quite similar and do not bear repetition.

Would you be interested in a refresher course of shorter duration?

Yes	-	55 people
No	-	4 people
Don't know	-	13 people

How would you rate your experience at the summer course?

Number of responses - 74

Very good	61%
Good	38%
Neutral	1%

Again, the comments and recommendations in response to this question are repetitious, so we will not include them.





## SECTION VI

This section will deal with the first evaluation from "C" which was completed at the end of the Summer Course by the seminar leaders. Their responses to questions concerning the physical facilities and films are included with those of the participants which are outlined in Section V. This section will deal with the responses of the eight Discussion Leaders on the subject of:

Preliminary Planning,  
Briefing and Orientation Sessions,  
and Participants and the Conduct of the Group.

Seven of the leaders returned their questionnaire.

### Preliminary Planning

Six of the Discussion Leaders responded in the affirmative to the question "Were the instructions you received from the Foundation staff in charge of the summer course clear, helpful, etc? There were no negative responses. The following comments were made in response to this question:

Instructions were helpful but not clear in that it appeared to have allowed for each discussion leader to put his own interpretation on his role. This gave rise to difficulties in defining purpose at daily briefing sessions.

There was anxiety about the task orientation. This issue was never fully resolved. Cutcher's (one of the leaders) agenda solution at the beginning only postponed the inevitable, namely "we don't want to seem like coercing you towards this course of action, but it's scheduled this way and we wish you would. This should have been worked out on May 9th.

To the question "Were you recruited in sufficient time to prepare adequately?", six leaders replied "yes" and two "no".

Seven of the leaders thought the meeting on the first Sunday, May 9th, was useful. The following comment was made about it:

The May 9th meeting was too brief. I expected more from it.



### Briefing and Orientation Sessions

The Group Leaders and the Resource Observers got together for a private lunch with Mr. Patrick, the Course Director and Mr. Toombs, his Assistant, at regular intervals throughout the course. Seven of the eight leaders felt these sessions were useful, one did not. The leaders were asked "in what way" were the briefing sessions useful:

- Developed into a "T" group which helped clarify aims and objectives of A.R.F. and the leaders.
- Created opportunity for interchange of ideas between leaders and A.R.F. people - about functions of A.R.F. in relation to workers in other fields. Helped to orient discussion leaders to their role in this respect. Clarified questions and intensified feelings of involvement in the program.
- Allowed expression of feelings and gave some sense of consensus and unity.
- Enabled us to be on top of changes in the program.
- Helped us to keep "in touch", useful to be reminded of forthcoming events just before group meetings.
- Enabled us to participate in decisions.

The next question on this same subject of the briefing sessions was "How could they have been more useful?" Here are the comments:

- Could probably use more direction from the course director on an individual basis.
- Should be less pressure to conform to other groups.
- Meetings too frequent - created unnecessary anxieties.
- Interfered with freedom to relate to members of one's group.
- Forced leaders to work all day without a real break.
- We could have been briefed more on "involvement". Some may have been threatened by the coming of this with a meal.
- Have fewer of them.
- Too much comparison, seemed to breed anxiety and doubts of confidence and goals.



- Suggest more individual supervision on a consultative basis with director and assistant might be more fruitful.
- Group leaders should have some kind of orientation on group process. Although competent in their fields, several displayed anxiety and expressed concern in not being able to handle their groups. This was in part due to not being clear on the real goals of the course (educational in design with therapeutic overtones in fact).

### Participants

The average number of participants in each of the eight groups was fourteen. Two of the leaders thought that this was too many and five others thought it was just right. One leader remarked:

- Size of group was fine for the way the participation from group members developed.

To the question "Do you feel the participants were prepared for the seminars?" one leader said "yes" and six said "no". The following comment is related to this.

Participants should have been "warned" that there would be "process" in the groups - (can't be helped) - though I agree that most tasks should be specified (i.e. agenda around needs; the "round up session").

The next question asked "How would you rate the quality of participation in the colloquia?" Four of the leaders thought it was "very satisfactory", three thought it was "adequate" and no one said it was "poor". One comment relates to this:

Group 7 had a majority who began the course looking for answers to treatment, largely in anticipation of future involvement with alcoholics. The course helped them take a wider view but they still wanted more practical examples of treatment methods.

The group leaders saved most of their comments in this series under "Participants" for the resource-observers. To the question "Do you feel the resource people from A.R.F. contributed a lot to the group?" five replied "yes" and two "no". Here are the comments:

- I worked well with resource person who was more informal and relaxed with members in after hours than I. She kept track of low participating members and provided feedback on my participation.





- A.R.F. people took a while to realize that group should be able to find its own answers rather than be shown the best answers.
- The A.R.F. representative seemed to have quite different concerns and was unable to answer many of the questions about A.R.F. which was disquieting.

### Conduct of Group

Six of the seven respondents thought that the amount of time spent in colloquia was just right and one felt that it was too short.

Six replied positively to the question "Was the approach to group interaction which you were asked to take appropriate?" To this question the following comments were made:

- I have not been clear on the approach I was asked to take. Rather than going along with the group in a non-directive manner, participation evolved in a positive way.
- I think we should have moved into agenda preparation earlier providing people had been warned.
- The observer had a different approach.

The group leaders were also asked to comment on the question "To what extent do you think the objectives of the colloquia groups were achieved?"

- My own objectives were achieved - good involvement by everyone; work, fun, etc. All felt they had profited to some extent.
- Some of the group seemed a little too process-oriented. One group seemed to have very little direction and purpose.
- What objectives? My own objectives were to see that all were participating to the extent that each felt comfortable. This appeared to happen. Also to encourage learning by using the entire information constructively - but this was only moderately achieved, possibly for lack of time to digest it and read their notes.
- I think most of the group had opportunities to share information and ideas. They were not homogeneous enough to work on a community program. The differences in experience made some difficulties.





All seven of the leaders who responded thought that a lot of meaningful activity at the course went on outside of the formal program.

Below are their statements on this theme:

- Received ideas and help in informed discussion and good contacts for the future.
- Opportunity to exchange with other professions and to learn more about A.R.F.
- Excellent social occasions.
- Would have been more valuable had there been more time for it without having to stay up late at night.
- Rapport between staff and participants was very good. Recreation committee was a good idea.

Finally the group leaders were asked - "If you wish to qualify any of your answers to the above questions or remark on any other aspects of the summer course organization and program, the Evaluation Committee would welcome your comments."

- There is a need to emphasize "values" (which can only be done by the students becoming involved). If people are warned sufficiently ahead, those who come will be better prepared to work and become involved. Perhaps group leaders should be trained ahead of time in a real "T" group.
- Pace was too hot after the first day or two - felt drenched with information and unable to absorb more than part of it. There were not enough opportunities to get to know people outside one's own group, which would have provided valuable cross-fertilization between groups as well as being good for its own sake.
- Summer course is best of its type I have ever seen.
- I am not sure the planners are clear whether this is solely an educational experience or one of therapy with education overtones. From my experience I am convinced it should be the latter. The degree of effectiveness the students will derive from the course will be directly in proportion to the degree to which we are able to free them from the mass of conflict, confusion, traditional attitudes they arrive with. I wonder about a course on a two to three year cycle basis using the present bulk in the current course and spreading it over the three sessions. Based on the assumptions of intent being a course of therapeutic sensitivity with educational overtones for professionals in the field such a course would do several things.



- 1) Provide educational presentations and information securing opportunities on a significant basis.
- 2) Provide sufficient exposure to colloquia sessions whose intent is to relate to the levels of interpretation, attitude, feeling, tradition, custom and religion. Morality and behavior is significant also.
- 3) Provide the course director a medium to measure the real growth of the students over a three year span by:
  - (a) encouraging students to participate three times;
  - (b) encouraging staff to be available three times.
  - (c) as much as possible place the same students with the same group leaders and observers over this period of three sessions.

I am satisfied if the course were to make its fullest impact on true educational development, this kind of ambitious approach would give us a real chance to make a great dint in the impact on change.



## SECTION VII

Evaluation form "D" which was completed by the Resource-Observers at the end of the summer course will be dealt with in this section. The questioning was along much the same line as in the final questionnaire to the group leaders which was discussed in the last section. Of the eight resource people at the course, six returned the questionnaire.

### Planning

To the question "Were you clear on the reasons you were asked to come to summer course?" all six observer-resource people said "yes", four indicated that they had spent some time preparing for their role and two did not. Three of the six felt their skills and knowledge were not adequately called upon. Five of the six thought the briefing sessions had been useful. The resource-observers were asked how the briefing sessions with the discussion leaders could have been more helpful and they gave the following replies:

- Briefing sessions too rushed. Did not go into enough real discussion of issues. People were controlled and too polite.
- If the goals and objectives of the course and the groups had been clear, the briefing sessions would have been helpful, in practice, they were generally confusing.
- It was difficult for observers to bring up issues at briefing sessions for they might offend the group leader. Possibly course director could help leader and resource work out some of these issues behind the scenes.

Two of the six observers who responded did not think that their discussion leaders were well enough prepared for the sessions and three of the six did not feel the students were well enough prepared for the groups. The following remarks were added:

- Would background information on each member of a group before we meet give a better start? It takes three or four sessions to get off the ground.
- For some of the group this type of experience was entirely new, therefore it took several days to tune in.
- There was good rapport and integration. Dialogue was exceptional with much positive thinking and expression. It was an exceptionally good group.







- Leader and group did not have much of an idea of what the goals of the colloquia should be. There was a lot of confusion over the task that the group was to work on. In my group much of the interaction was at the level of "exchange of information". Course director seems to feel that the goal of the course is to give as much information as possible. I would think that the real task is to make the information as meaningful as possible. A lot of how this is done would depend on what goes on in the group. Do you want emotional involvement? Do you want to isolate or at least clarify various opinions?
- It is not a matter of doing preparation work, it is a matter of knowing the goals or directions. The blind were leading the blind.

One observer felt the amount of time spent in groups was too long, three felt it was just right and two felt it was too short. Two felt there was too much time spent in lectures and four felt it was just right. Their comments are as follows:

- Groups could be longer following some papers if they stayed on the topic. Lecture time was good and well used by most.
- Discussions after some lectures were too short.
- Lectures are one of the poorest educational devices and to have two or even three in one day before group meets makes it impossible for a group to discuss the material in any meaningful way.

Two of the observers did not feel that the method of conducting the colloquia was satisfactory; here are the comments:

- Too artificial - lacked spontaneity. If you refer to discussion of lecturers, I would say the groups made very little use of the lecture material in their discussions. In our group several important lectures were never mentioned.
- When a special subject or arrangement is desired or needed, more specific direction might be desirable.



The following remarks were made after the question: "To what extent do you feel the objectives of the summer course were achieved?"

- I feel it was an excellent course. Participants seemed to accept the objectives of the course readily. There seemed to be a group cohesiveness to a much greater extent than other years.
- Feedback certainly suggested that all participants were well satisfied. I sensed a considerable change in attitude from confusion about the problem to one of acceptance and that their own contribution was important.
- If the goal was to give the participants a satisfying experience, yes, I think the goal was achieved. Of course this was due to the fact that there was a constant evaluation going on and participants could easily get rid of their hostile feelings which otherwise would have been pent up.
- If the objectives of the course are to ultimately contribute to reduction of alcohol and drug problems, then I think a great deal more could have been done to realize them. I am afraid the goals have been too unclear or if not unclear, certainly insufficient.

All of the observers who responded thought that a lot of meaningful activity at the course went on outside of the formal program. Some opinions are below:

- Discussion with people involved in similar work was helpful, particularly those outside Ontario.
- Met a number of people with valuable experience.
- Most participants took advantage of the many opportunities to discuss the whole area of addictions with other participants beyond the structured program. This leads to greater respect for disciplines other than their own.
- The people who arranged the social functions should be complimented. In future this type of function should again be left to the participants.
- This is really where learning takes place and should be encouraged and stimulated early in the first week.



Finally, two of the observers made the following general comments about the course:

- Aims should be specific and well defined for (1) course (2) colloquia (3) group presentation. This might help clarify thinking, action and presentations.
- Generally the course is too "intellectual" pretending to be superior to ordinary needs and solutions when in fact participants are practical people faced with real problems each day and are only remotely interested in or affected by much of the academic material of real value to students of alcohol problems, but of entertainment value only to practical persons on the front line of dealing with disturbed people. The course set up in academic fashion is attended not by academics as much as by practical workers who have only a partial interest of some kind or other in the alcohol problem.



#### SECTION VIII

On the Thursday and Friday of the first week the groups started to work on their tasks. Part of the process was for each one to prepare an agenda on how it would set up a community program to meet problems created by alcohol. On the last Friday morning the results of these deliberations were to be presented to the total course.

On the following pages the agendas which the various groups prepared are outlined and further on the edited transcriptions from the tapes of the last morning are presented.





A G E N D A S

GROUP #1

I. EDUCATION -

- A. For meaning - responsibility of teachers (program, discussion)  
- responsibility of students - attitudes.
- B. For values - education for social change, i.e. "avoiders"  
- self knowledge and awareness of personal attitudes.
- C. For prevention  
- specific ways or means.
- D. Methodology - for increasing public awareness  
- promoting more effective communication within the field to elaborate and share special concerns.

II. TREATMENT AND REHABILITATION -

- presentation and clarification of problems to families
- persuasion for accepting treatment
- rehabilitation - socio-economic  
- aftercare
- multi-problem individual and multi-discipline approach
- alcohol and criminal offender - legal and social implications.
- family work - counselling responsibilities  
- effecting change.

III. COMMUNITY ORGANIZATION -

- role of institutions, private agencies
- referral
- improvement of employer's participation (support, programming, maintenance of employees requiring treatment).
- "dumping process" and "revolving door" - increasing efficiency and rationale of management.
- role of clergy (church) - first hand involvement with factors and situations accompanying drinking problems.



IV. RESEARCH -

- increasing the dialogue between those who deal in treatment, counselling, control etc. with researchers to promote:
  - suggestions for research
  - measurement, methodology of making data amenable to statistical analysis for evaluation, planning, direction,

V. GENERAL RECOMMENDATIONS TO A.R.F. AND RESEARCH



A G E N D A S

Group #2

- |           |   |
|-----------|---|
| Friday    | - Cases from experience of group members, and<br>community attitudes. |
| Monday    | - Prevention and education  |
| Tuesday   | - Legal aspects   |
| Wednesday | - The "Skid Row" alcoholic  |
| Thursday  | - Alcoholic employee  |





A G E N D A S

Groupd #3

1. (a) Alcoholism and its relationship to the penal and legal systems.  
(b) "The Revolving Door" theory.
2. The attitudes of society which parents pass on to teenagers.
3. What is "it" in Alcoholics Anonymous that makes it work?
4. Working with our own attitudes and feeling levels which tend to create difficulty for ourselves as we relate to the alcoholic and alcoholism.
5. Industrial responsibility, policy, etc. as it relates to the alcohol problem of employer and employee.
6. What the "Re-enforcement Theory" has to contribute toward assisting us in our performance of relating effectively.
7. Mobilizing community resources into a singular philosophy and programme relating to alcoholism.

N.B. The group will consider developing point #7 into a project as part of their total agenda.



A G E N D A S

Group #4

The Community:

urban population - 50,000  
rural population - 50,000

Purpose: to establish a community program in relation to  
alcohol problems

Functions: to be developed

1. education
2. treatment services
3. research

An ongoing committee is called to develop these functions.  
Members of the committee are:

1. ARF community worker
2. ARF nurse
3. Probation officer
4. Clergyman
5. A.A. member and representative of labour movement
6. Industry - representative of management
7. Educational representative who also serves as  
psychological consultant to clinic.
8. Children's Aid worker
9. Physician
10. Family Service Agency worker
11. Public health nurse
12. Clinic for treatment of people with alcohol  
problems.

The treatment team includes:

- (a) Physician
- (b) Social worker
- (c) Nurse
- (d) Consulting Psychologist.



A G E N D A S

Group #5

1. To improve one's own knowledge about alcoholism.
2. Education:
  - (a) own agency staff: hospital, probation, welfare, etc.,
  - (b) broader community educational programme about the topic.
  - (c) changing public opinion about alcoholism.
3. Communication:

How to develop or improve communication between own agency and others in the community.
4. How best to utilize community resources, and to coordinate roles of community agencies.
5. Prevention:
  - (a) Looking at the liquor control laws in the community.
  - (b) Educating young persons, e.g., young people under the control of the courts.
6. Treatment rehabilitation:
  - i. How to identify the alcoholic in the community.
  - ii. What to do with the alcoholic that has been identified, and where to refer him for help.
  - iii. What should be the degree of interference in an individual's private life.
  - iv. To discover a workable philosophy of treatment.
  - v. How to set up a treatment unit.
  - vi. How to evaluate the effects of a treatment programme.
  - vii. What are the expectations of the community after the alcoholic has been treated.
  - viii. How to handle the problem of re-employing the alcoholic.
  - ix. To study and gain more knowledge of therapeutic failures.
7. How to improve skill at pastoral counselling.
8. How to improve skill at casework supervision of probation officers.

The group has decided to set up a model community of 'x' thousands persons, industrial/rural, etc., and work towards planning a rehabilitation programme, etc.



A G E N D A S

GROUP #6

1. Development of, and co-ordination of, resources at the community, and national levels.
2. Education (public, education, patient education, and professional preparation).
3. Theories of causation.
4. Treatment methods.
5. Legislation (role of A.R.F. in planned change).
6. Definition of roles of the members of the various disciplines involved.

It has been proposed that this be handled in the theoretical frame work of the model of prevention: primary, secondary, and tertiary in a model community.





A G E N D A S

GROUP #7

Suggested and agreed to the following agenda:

1. NEEDS - to include the following:
  - A. The needs of the alcoholic/addict considered both as a human being, and as a patient.
  - B. The needs of the family.
  - C. The needs of those setting out to treat the alcoholic/addict.
  - D. The needs of the community encountering the problem of addiction.
2. The resources required to meet all these needs.
3. The resources seem to be available at present and how these might be used to the best advantage.
4. Overall plan to coordinate and extend the resources.

NOTE: With five days available for discussion the group plans to allot one afternoon to each main heading with one in reserve for after-thoughts.



A G E N D A S

Group #8

- | (1)   | (2)  | (3)   |
|---|--|---|
| ADDICTION RESEARCH FDN.   | COMMUNITY  | EDUCATION   |
| (a) Goals & objectives as seen by staff, patient public outside agencies                | (a) Responsibility<br>- individual<br>- group  | (a) YOUTH<br>curriculum content in schools<br>responsibility of school versus home prevention |
| (b) Treatment versus research   | (b) Resources<br>- <u>hospital</u><br>- <u>church</u> ; <u>school</u> ;<br>- <u>official agency</u><br>(C.A.S., A.R.F., Welfare, etc.) | (b) PROFESSIONAL PEOPLE<br>knowledge (attitudes; skills; influences)                          |
| (c) Provision of services location type   | - <u>volunteer agency</u><br>(A.A.)  | (c) GENERAL PUBLIC<br>literature advertising media involvement in the community attitudes     |
| (d) Attitudes of professionals towards non-professionals                                | - <u>law</u><br>(courts - family, juvenile; magistrates)   |   |
|   | (c) Cultural Changes<br>- advertising & effects attitudes  | (d) PROBLEM PEOPLE  |
| (4)   | (5)  |   |
| TREATMENT   | LEGISLATION  |   |
| (a) Disease concept<br>- whose responsibility   | (a) Availability of alcohol  |   |
| (b) Early recognition and effects in industry, family, social group                     | (b) Revenue from sales versus grants for treatment and research  |   |
| (c) Availability and types of treatment; techniques; skills; approaches; rehabilitation | (c) Federal versus Provincial versus Municipal responsibility.   |   |



S E C T I O N VIII

GROUP REPORTS





## GROUP PRESENTATIONS - JUNE 16, 1967

### GROUP NO. 1

Speaker: Rev. Roland Janisse

We all came here looking for a lot of answers and so the first thing we did was ask questions. We asked all around but nobody was giving us answers but rather a lot of talk on rehabilitation, prevention, treatment, education and law and every other thing. The burden got heavier and heavier as we went along. We shared our concerns with one another. We ended up with the big burden on our shoulders the scope of which is tremendous in complexity. We came to find out that there isn't such a thing as an alcoholic - there are many alcoholics. There is no such thing as any one treatment for everybody, but there will be particular treatment needed for each different person. We ran from looking for answers to the middle of a foul-up. We started to examine the problem as a team. We decided that if everybody could only have a team approach we would be all right. We got the professionals and the non-professionals and everyone else together, but found out that we were even having a hard time communicating with one another. We found out that we each had a little vested interest, and there is a great deal of difficulty with a team approach. We, of course want to make the suggestions to A.R.F. and anybody else who's listening, that the patient is the most important person. In one of the programs we heard that in a hospital, working with alcoholics, the patients each week evaluated the different members of the staff. It's a very traumatic experience for some but it apparently worked.

We were wondering if there was any approach other than this whole kind of equalized, horizontal team approach. We began to see some other possibilities, which we didn't have a chance to go into - A.A., the Guest House Detroit approach, and so forth. One of the biggest difficulties we ran across was that we were all sitting around arguing, each one upholding his own profession and the alcoholic is off in one corner, not even being looked at. At that point we began to get really enthusiastic about things, because we began to get a few revelations. Some people call them insights. (In clerical context we call them revelation.) We began to study and to look at tools and methods. We thought of education, but not the ordinary old meaning of education in terms of giving a whole lot of factual information. That was good, but not enough. It is very good to know a lot of different things about community, about chemistry, about psychology, about sociology and so on - these open up our scope; but unless the education tries to get into the question and the work of changing attitudes, it comes to naught. We thought the biggest job is not the rehabilitation of alcoholics but the rehabilitation of avoiders. We're pinning a lot of hope on prevention, a whole new approach to education which will involve people, and set them working and examining their own attitudes. The only way a person can change his values is by doing something or investing himself into something he has chosen. That is what we want to see set up. Education should involve the grass roots, the primary groups, the family and every level of community.





## GROUP NO. 2

Speaker: Yvon Dugas

Our group deliberated on three fronts, and out of this we came up with a few suggestions, and most important, we came up with a few recommendations.

Now I'd like to run through the general comments with you. First, the seminar groups were impressed by the width and depth of the alcoholic problem, but also by the A.R.F.'s efforts to interest and integrate the widespread and diversified resources that come in contact with the problem. Witness the fact that such a motley crew as us, got together and hashed over things of mutual concern. Second - others felt the course served to widen horizons, particularly through having met and discussed with people from different cross-sections of life. Third - while the course proved very knowledgeable: how to translate course material, the knowledge and the skills to specific and concrete action remained a real source of frustration, concern and a real personal dilemma. Fourth - some of the group gained renewed strength and vigour and intensified interest in the field, as they head back home to where the booze is. Fifth - perhaps the most important observation here was that made by one group member who said that these two weeks had shown him that personal contact with professionals, volunteers, the alcoholic himself, his family, his friends, etc., was actually the ultimate. This he saw in action, over and above the meetings we had.

And now, a few brief suggestions that were brought up during the week at our meetings. First - perhaps there should be smaller groups for colloquia. It was suggested that maybe groups of seven or eight people might be able to get into the swing of things faster, more easily and it was suggested that perhaps in the years ahead, the colloquia groups should be broken down in half. Second - there might be a few shorter colloquia, in both morning and afternoon, perhaps of an hour's duration each. Third - more emphasis on drug addiction. Fourth - more clear-cut, defined and specific principles for counselling, as we go back to our respective roles in the community. Fifth - attempts should be made to define the expected roles of various professionals and volunteers as we seek to help the alcoholic. Sixth - homogeneous interest groups, for example, probation officers, social workers etc., such as we had this week, could meet earlier in the course. Seventh - more extensive use of the audio-visual which has been a real success. Eighth - some additional historical and descriptive information on the A.R.F. development and its role, perhaps at the beginning of the course.

The group did come up with some specific recommendations and I'd like to pass this on now, as representative of the group. One - in the field of education, it was felt that there was a gap in services. Our group suggests that the formal education of alcoholism at the secondary school level could be enhanced if the standard of the overall discipline of health education is raised. Two - public relations - funds should be made increasingly available for wide-spread publicity emphasizing particularly, prevention, (if we ever arrive at defining prevention) through the news media and especially, in this day and age, TV. Three - a volunteer's program. We recommend that the A.R.F. or perhaps another group consider the training and promotion of a volunteer's program aimed at those alcoholics





who do not yet, and may never, relate to A.A., for various reasons, but who nevertheless require befriending or assistance during the evenings or on weekends. The unreachable, as it were. Four - a recommendation pertaining particularly to industry. We suggest a joint simultaneous approach, by the A.R.F., to both management and the unions on a local basis in order to discuss problems brought on by alcoholism in industry and also how to react in terms of treatment and prevention. Five - "Mini Courses". You've heard of the mini dress, of the mini budget, now we unveil the mini course. In those Ontario communities, where there is no A.R.F. office, our group recommends the initiation by A.R.F. of brief, perhaps one or two day informative on-the-spot course given to local resource people. We therefore advocate a more active, perhaps aggressive, reaching-out role on the part of the A.R.F. in this respect.

Our last recommendation is a little long-winded. We can call it "communication among agencies and integration of services". In view of the fact that alcoholism is now public enemy number three (it's moved up a notch in the last two years) behind accidents and heart disease and that it permeates all reas of life and many community services, our committee recommends that a model agency for the future would be conceived that would avoid overlap and duplication of services and might eventually do away with patchwork services. Thus we have a multi-functional, geographically integrated agency incorporating the likes of employment and rehabilitation services, public welfare, public health, Children's Aid, Family Services, medical services, etc., and a representative from the A.R.F. Perhaps this is earth-shaking in this day and age of specialized services, maybe not. Lest we sound too ambitious, too idealistic or even too unrealistic, the group's recommendation at least points out the pressing need for greater and more cohesive communication among A.R.F. and all other concerned agencies, groups and individuals if we wish to achieve as optimally as possible the integration and coordination of services. An example of this; among many other things, perhaps local directories or lists of interested agencies or people could be maintained.

Finally, I'd like to make a personal comment. When I first arrived here, two weeks ago, I felt a little bit frustrated after two years of oftentimes discouraging work with skid row alcoholics. Actually, I felt like a lame squeaky wheel. Today, I'm going away a little greased up, after lectures, discussions and personal contacts of many kinds, ready to do some lubrication of my own in the Ottawa community. Here's to all happy grease-jobs!

### GROUP NO. 3

Speaker: Dr. Norman Suddaby

Now that groups one and two have completely taken all my notes, I can throw them away! When we were talking in group about this presentation, I made a recommendation that I should introduce ourselves and say this is group three and then say a couple of words about the fact that we were a little confused and a little concerned. This would take up two minutes of the ten, the remaining eight would be spent in silent meditation. However, I'm afraid I can't do that. I think all of the group came to this course with the feeling of children coming to father





for good advice. I couldn't help but feel that this was like a five year old child who greets his father as he comes in from a very hard day's work by tugging at him and asking all sorts of silly questions. Finally the father gets sitting down in his chair and with the paper and his slippers and the child comes up, tugs at his shirt sleeve. Father turns around and says, "Yes, what is it?" and the child says, "Daddy how many times does a seagull flap his wings between Toronto and Windsor?" and Father, who is a little hot and tired says, "I don't know, now you run along and play." A little while later, the child tugs at his shirt again and he says, "Daddy, how many stripes does a bumble bee have on his body?" and again, father says, "Go away - do something - don't bother me." Finally the child comes up and tugs at his shirt and says, "Daddy, what is SEX?" The father heaves a great big sigh, draws in his belt and says, "Well, I knew this would have to come sooner or later". He takes the little boy on his knee and tries to explain as best he can in simple language just what life is all about. And a few minutes later, the father settled down, with a great sigh of relief after accomplishing this purpose, hears the little boy talking in the kitchen to his mother. The little boy says, "Mommy, how come Daddy knows so much about sex and nothing about birds and bees?" I think we all got a little of the feeling that the course taught us an awful lot about alcohol but didn't give us very much in the way of the birds and the bees, or in other words, the practical application which we may have come here looking for.

I think the group recognized beyond a shadow of a doubt the common concern - and that was the concern of the alcohol problem. At this point, we began to diverge into our respective little nooks and crannies. We all knew the problem of alcohol, and we all looked at it from different angles. But there was a definite common concern in the group which came up continually. We felt that this should be thrown out to the A.R.F. and to the course. This is the area of the responsibility which should be placed on the alcoholic in terms of his actions. We felt that we never really got an answer to this and we feel that it is a very important area. Just where does and how can the individual be made to accept responsibility for his actions? I think we felt there was a concern to some degree about the attitudes towards such things as the illness concept, the disease concept, which might, and I say might, tend to take away the responsibility of the individual for his actions. We feel that the individual, whether he's addicted or not, is still responsible for what he does and should be made to face that responsibility in many different ways.

Finally, I think the consensus of opinion of the group was that the best thing we got out of the course, the most valuable thing as a whole, was a broadening of our understanding of all the different problems related to alcohol. There was a broadening of our concept of where to look for treatment resources. In my own personal situation, I came here looking for something which wasn't here and now I can go back to where I came from, taking a much broader look at the community in which I lived in terms of resources that I can use in relation to these alcohol problems. I think that we all feel that the course was very valuable to us, and other than the fact that perhaps we would like to have seen the directors of this course get to know a little bit more about the birds and the bees so that they could perhaps give us a little bit more help in this area, we felt that the whole thing was a valuable experience to us.





## GROUP NO. 4

Speaker: Dr. W. Watson

I'm afraid I don't have any jokes to start off with, but I do have a short presentation. I would like to comment that from our group's perspective we found that it was much easier to talk about how we were going to handle the problem of alcoholism as it is way out there where it isn't personally involving us. When we got down to a personal level, things got a little bit rough. There were long silences which we tried to handle and I think with some success. It was really when we got down to this personal level that I think we started to produce a little bit and get something out of our interchange together.

Now, we worked out a plan to handle the problem of alcoholism as it existed in Callabogey which is a city of 50,000 people with the surrounding rural population of 50,000. However, as we evolved this scheme, certain processes occurred within the group itself which we thought were worthy of comment here and these were as follows. We found that there was a gradual dropping or easing up of our own defence mechanisms. We found we were initially reluctant to become personally involved in the problem. Here is an example. We had a chap in the groups representing A.R.F. Initially some of us got rather angry with this fellow because we wanted him to tell us what to do. You've come to our community, you outline a program for us. You bring somebody in to handle the alcoholics in our town. This was the kind of attitude we had initially and fortunately, he didn't let us get away with it. He kept putting it back to us so that we were in effect forced to use our own resources and this became very productive for us. Also, we found that as time moved on, we did less hiding behind our own professional group. We were gradually more willing to express our own views rather than the view of our profession. Initially, we preferred to say, "Well, in my case, the physician or physicians in general take this attitude towards an alcoholic." This went for the social worker, the clergy and all the other members or professions we had represented. We found that at first, we were quite inarticulate at a personal level, but we did drop our professional front and we did begin to see and relate to each other as individuals and people who were willing to become involved at a personal level. From this, we evolved the treatment program consisting of individuals at all levels, professional, semi-professional, layman and volunteer. And we found that we were doing much, much less of pulling rank on each other and we got down to the brass tacks of doing something about this problem in our community. I don't know if I've made this point particularly clear, but I know that the members of my group feel very strongly about this. We found that this was a big, big stumbling block to us as a group, taking the problem and working it out together. We found, too, that as this new kind of relationship evolved among us that there was much less buck-passing, which we got a lot of in the beginning. For instance, the nurse said, "Well, that's not my job. The doctor should be doing that" or "I think the man should be seeing a minister because I can't really discuss that sort of thing with him." Not to say that there isn't some merit in this, but I think all of us were using this sort of thing as an excuse, to pass off the problem. We didn't recognize it initially, but we certainly did after it was pointed out to us and among ourselves.

Now, as far as the program itself, I just was to outline the general principles that we mentioned. We felt that our program would make use of both professional





agencies and volunteer groups. It was a community-based program with very active community involvement. We thought for our town, Callabogey, that we would base our active treatment centre in the outpatient department of the town hospital, setting aside four or five beds when medical care was necessary. Working from this surrounding, we would have a rural unit consisting of the public health nurse and volunteer worker, possibly someone from Alcoholics Anonymous, to go out into the rural areas and carry out treatment as was required. They could also bring in people who needed more intensive care. This was a community treatment program. We had an office downtown with an A.R.F. representative who was mainly in our community as a consultant. The guy came in and advised us and looked after our education program as well. We thought we would evaluate our program periodically as to how well we were doing insofar as handling the alcoholic program. The A.R.F. people would help us here too, but again, we would be very active in the evaluation programming.

Now just to finish up, we wanted to make a few recommendations. One was that whoever first comes across the alcoholic, or the one who first comes to recognize a person is having an alcoholic problem is the one who should get the ball rolling. Buck-passing should stop right there and it doesn't really matter as far as the profession or job that that person has. Everybody is obligated, because this is a community problem. Everyone should take on some responsibility and also feel that they are working as part of a larger program. There should also be some follow-up on the alcoholic. We don't want any dumping ground in the community for him either. We were going to take the responsibility for finding the fellow, for helping him and to see that he remained in good shape. We wanted to stress that we stop looking at alcoholism in a narrow sense. In our group we didn't buy the limited medical concept of the alcoholic. We saw the problem of alcoholism as a social problem. Our education program is going to be geared to the whole family life situation and we are going to get right into the teaching of young children. This will include what this problem is and what alcohol can become for some people and how they are all obligated when they grow up to do something about it. This kind of education can also go on at the parent level and at any social class level.

Trying to work out a specific program brought out all the problems we had in communicating with each other and this was the biggest stumbling block to our getting anywhere.

#### GROUP NO. 5

Speaker: Dr. George Blake

We approach our groups sessions as a learning process and this is commonplace because that is what we are here for. We worked toward planning a rehabilitation program and we formalized an agenda around which to develop our ideas and interaction. Our community consisted of 25,000 people. We began by deciding that it would be necessary to form a committee of important people, that is, people who would be involved in getting the program going and who may be important in influencing the wider society. Our committee consisted of educators, lawyers, barristers, banker and the local member of parliament. He was important because, one of the two things that came out of our deliberations is the necessity to change the laws relating to the use of alcohol. We set up





an action group to influence change within the community. The problems in setting up our treatment program include those that you have in your program - rehabilitation, communication, education, prevention, treatment, etc. We discovered really how difficult it is, when you get down to it, to organize these things and we spent some time in trying to decide who is responsible. Talking over the question of responsibility we came to the conclusion that what is necessary is not a hierarchy, because in a hierarchical structure, it's very easy to displace your responsibility. We have an interweaving system of communication, whereby all agencies are equal. This is very democratic and whereas each agency may have its particular hierarchy, this interweaving structure will make it much easier for us to communicate.

In terms of the usefulness of the exercise, we didn't even finish up with the community, but saw that this gave us an opportunity to discuss our own personal needs from the course. Now, each of us came here with various needs; one person might have wanted a philosophy of treatment, another, how to handle youth problems, another - where to refer the alcoholic, another may be an employer, etc., etc. Now, we can see, as the other groups suggested, how difficult it is to communicate at this level of complex professional interaction. We found that this point was foremost in learning the techniques of communication and recognizing the difficulty in the community at large of communication. This question of communication and coordination was the first feature of our deliberation. The second one had to do with the desirability of changing the liquor laws. Another important point was the fact that no single agent was responsible for the treatment of the alcoholic; it was the responsibility of all agents. If you have an effective communication channel which will block the passing of the buck, then you'll find it much more convenient and much easier to pick up the problems produced by alcoholism. We hoped we would eventually get to a situation where the alcoholic is treated as another member of the community with a problem and will be handled by community agencies.

Let us turn to this question of individual needs from lecture-discussion groups. We did not feel that we got a complete answer to our questions on a philosophy of treatment. The consensus was that the course had enlightened us, and given us information that we can use to influence attitudes. We feel the course has been helpful in that direction. We have people to refer people to, and we have met clinicians and people who work in treatment settings. We haven't answered all the questions, but we have been shown directions in how to look and how to relate with other community agents. Now, what was neglected? The group felt that the main weakness of the course or discussions was in not getting down to discussing or formulating a philosophy of treatment. I myself pointed out, that if we had done that, we would have been here for another two weeks fighting away and perhaps becoming enemies instead of good friends.

The final point is an interesting one. I put it in because it came up by accident yesterday when I asked the group "What should we tell them?" Spontaneously certain points came out. My approach was that this is a learning situation, so we will sit down and allow people to bring out their ideas. We'll learn from them, from what they say, and accept what is good and throw out what might not be. The interesting thing is that we found yesterday that people expressed the feeling that an in-group pattern had developed. Well, this is natural. You put ten people together and they form a social group. The important thing here is that this is what happens to the alcoholic. Alcoholics are an in-group. They form a sub-culture





with its own values, its own norms, its own sanctions and its own attitude toward other sub-cultures. If we could see how this happened in our group within two weeks, then when we look at the sub-culture which we call alcoholism, see how difficult it is to formulate ideas about treating the alcoholic. Another point that the group thought was good was the absence of the idea of dominance. I think some of the group leaders and participants felt that maybe the groups might be a bit more therapeutic, a little less therapeutic, a bit more intellectual, and so on. These emotions were operating all the time in the group, but not overtly. If, in the group structure, someone was dominating the discussion, I found that if he was saying something consutrcuve, the group would listen to him. If he was waffling, as we say across the water, then there are very clever and humorous ways of changing the pattern of discussion. This is important, because many of you are involved in group psychotherapy, and can learn how groups emerge, how groups maintain their stability, how they disintegrate and perhaps are brought together again. All this was going on in our group, unintentionally, but very effectively. Someone mentioned the size of the group. I feel that the A.R.F. in future, must define the function of the group. If it is to be a learning process, then I think fifteen people will be quite adequate. If it is to be something of interacting at an emotional level, I think six or seven people would be the most we could cope with. Finally, I think we have learned from the exercise, this feeling of mutual respect for one another and for each other's profession. There's no single profession which is dominant in the field of alcoholism and perhaps, if we extend this to the field of mental health we'll find that when the time comes to deal with alcoholism in the broader concept of mental health, then our professional agencies will be ready with this kind of interaction.

#### GROUP NO. 6

Speaker: Rev. Thomas Everett

By the time one reaches this point in the presentation, he has become one of the low men on the totem pole and there is not a great deal left to be said. In our group we had a very happy association under excellent leadership, but at times we were very much like a popular brand of paint - we covered the earth. Suddenly we were warned by the A.R.F. representative in our group that we were expected to give some account of ourselves and when it came to that point yesterday, we began to feel very much like a couple of ants felt who were on the golf course. At a certain teeing-off point the golfer made a swing and instead of hitting the ball, he did what some of us do, he got a bit of the turf on one side and the ants went up in the air and they came down and landed on the other side of the ball. The same thing happened again, and this time they went up in the air and came down again, so one said to the other, "Look, I think if we want to live, we'd better get on the ball". This is what happened to us yesterday. The presentation of our group relates to the needs of the community and the alcoholic in dealing with the problems of alcohol and alcoholism. It relates to the needs in the helping professions and we have added one or two recommendations for the A.R.F. We considered the problem in the area of prevention and would suggest the following:

First - there is a need to study methods of prevention and to develop a comprehensive program on the basis of these studes. We suggest that there is a need to destroy the mystique surrounding drinking. Our society has made drinking





respectable to the extent that it is considered a necessary part of daily living, despite the fact that there are inherent dangers for at least ten percent of our population, and very unpleasant and serious effects on the lives of a higher percentage of the rest of our people, many of whom are non-users. We feel that advertising has made the use of alcoholic beverages glamorous on television and radio and in magazines and the news media. We see some danger in having sports programs sponsored by liquor manufacturers, wholesalers and retailers, since young people are liable to associate the product with the sport. We feel that there is in our society and in a program of prevention, a place for the point of view of the non-user and the total abstainer, and we contend that this is one way to meet the problem, and for a segment of our society, the safest way.

Second - there is a need for the community at large to have more knowledge about alcohol and alcoholism at all levels, including the home, school, business, unions, and church so that early danger signs might be detected by a greater number of people. This means early case findings, including a need for better communication at the community, regional and provincial levels and for co-ordination of all resources seeking to help. There is a need for more trained people to aid those already working in the field and the training of professionals other than doctors, nurses, psychiatrists, psychologists, social workers such as lawyers, teachers, clergy, union people, management, and police, etc. These latter could be trained to recognize, refer, and even to help to treat in a non-professional way. There is a need for continuing education for those already working in the field.

Third - there is frequently a need to supplement research findings with speedy legislative actions where this is necessary in order that help may be rendered more quickly. Fourth - there is a need for clarification of O.H.S.C. policy. We would hope that an alcoholic diagnosis by a physician might be sufficient to have a patient admitted to a general hospital. This has not been an accepted policy everywhere. Fifth - a need exists to encourage courts to use power already given to remand alcoholic offenders for education in alcohol and/or treatment. There are many instances when this could be more helpful than the imposition of punitive measures.

Now we return to number two. Here we change our thinking a little from the community to the level of the individual. Perhaps the greatest need lies in creating motivation of the alcoholic patient to do something about his problem. This is not easy, as we all well know, but might include such direction as helping the alcoholic to gain a feeling of being needed in his home, his job, and his community. Sometimes he has reached the point in his alcoholic career where you first have to educate the home that he is needed there and certainly there are times when you have to educate his employer. You have to educate him and perhaps the community, that he is a human being and a member of society and has some place. It is important to bring him to an awareness that someone needs him and someone loves him. Help him to gain a sense of fulfilment in the feeling of worthiness and meaningful existence. Help him vanish his anxieties, his loneliness, his boredom, his sense of failure, his fear of society by some other means than by the use of alcoholic beverages. We're saying this especially because we know he has been trying over a period of time to find his way of living in the use of alcoholic beverages but he can't handle them in the way that a much larger segment of our society is able to do. Help him strive for something more than supplying the basic needs of life, the home, food, clothing, and create life goals including educational





and cultural and spiritual areas or satisfactions. Help him in the complete re-adjustment to an alcohol-free way of life by providing good supporting help as A.A. does and also the long follow-up concern. There's always danger and he may always need some support. Create an atmosphere where the stigma of alcoholism is not permitted to interfere with the patient's treatment. Sometimes, it was suggested in our group, it is more difficult to get a physician to diagnose a man's illness as alcoholism than it would be to diagnose cancer or some other disease. Try to remove this stigma which does seem to sometimes affect the family's acceptance in the community. We thought of this especially in relation to children in the school where sometimes they suffer as a result of known disability of a parent.

Now we return to number three. We suggest that in the selection of persons to attend future courses such as this one, some attention be given to include among the participants the following: the president of the Ontario Association of Hospital Administration, an O.H.S.C. representative, some member or members of the Legislature, representatives of the advertising people, such communicators as TV, radio, newspaper correspondents, representatives from the Police College, and also from the Royal Canadian Mounted Police, especially since these people are responsible in dealing with drugs.

On behalf of the members of our group, I would like to express to those who have been responsible for the organization and carrying out of this course our deep appreciation for having been included as members of the summer school for the information which we have gained, for the very fine way in which it has been presented, for the good fellowship which we have had in the setting here and especially for the feeling of oneness that has grown up in our own group, as I am sure it has in others. For many of us it has been a very fine experience. I had the privilege of attending the Yale school twenty years ago and being back once at that, I don't know that I've learned too many things that are new, but I certainly have had things brought to mind that I had heard before.

#### GROUP NO. 7

Speaker: Dr. Peter Playfair

I think all of us in Group Seven came here with some specific ideas in their mind and a little bit biased. Through the first week, we felt more and more often that we were packing a steamer trunk for a weekend trip. I think as we got into the groups we all had chips on our shoulders and felt very personally the old Latin motto "Illigitimus no carborundum". We were fortunate in our group to have Andrew Todd with us who managed by alternating vitriol and ether to inflame and calm, and I think out of the group's discussions came some worthwhile thoughts.

We saw the overall problem as involving prevention as much as treatment. We felt that we should first of all define the needs and then the resources to meet those needs and then to tailor our thinking to correlating these resources to meet the needs. Primarily, we discussed the alcoholic as an individual, as a human being and recognized his need for befriending and compassion, his need to be considered as an individual and a worthwhile part of our community and his need to be motivated in these directions. We realized the need that the immediate family had to see his drinking as something in which the whole group was involved both





both as to cause and as to cure. We then looked out to the helping groups around, those setting out to treat and prevent alcoholism and certainly recognized the wide need for general training of this helping group, such as at this summer school. We then considered the vital importance of the community and we saw the need of the community to be given an attitude toward alcoholism which encourages and facilitates prevention, treatment, and rehabilitation.

In the attempt then to meet these needs we discussed the resources which would be required, again thinking of the three areas; the alcoholic, his family, the helpers in the community. We had a wide range discussion on the needs of the alcoholic and the individual - I mention in particular the specialized research and the wide dissemination of results of such research, the importance of experimental pilot schemes of treatment, the need for readily available facilities, the involvement of non-specialist personnel, the befriending process, the vital need for employment opportunities, for other interests and opportunities, for housing and most of all for prolonged contact. Then we considered the needs of the family as to counselling and guidance, for relief of financial worries and again for befriending and emotional support. We saw the needs of the helpers in terms of some of the things I mentioned such as training facilities for regular refresher courses, the importance of a screening agency to prevent duplication of services and overlap, and the need for defining of terms of reference for the supporting agencies.

At about this point we got thinking in terms of a much bigger community than Callabogey, Utopia as it turned out, because of the multitude of services that were available in this city or town of 100,000 people. I'm sure Andrew filled page after page of the multiple services that are available in any large metropolitan area. In our thinking, as you now realize, we saw the problem as centered on the alcoholic as an individual, recognizing that we only saw a very small portion of the iceberg of alcoholism - the 1/6 to 1/8 bits above the water. We saw these three groups as I mentioned, the family, the helpers and the community, as a ring around the alcoholic and we tried to put this down in graphic form. We saw the alcoholic individual in the center of a target around which are the rings that I mentioned, the family, the helpers, the community. On the upper half is the prevention part of it and on the lower part treatment. Again I would say that there are many areas that are both preventive and therapeutic. We saw the need for the interaction of these circles and hence the chain which you see on your right with links marked cooperation, coordination, and communication. I think more and more as times goes on we realized the literal sense of the word "foundation". The A.R.F. is the foundation of this activity but it is up to the community to build on that foundation a highly successful program.

It was fortunate that in the group we had two people who had a scene of activity which would be decidedly less Utopian than we had been thinking about, so the last day we got down to cases and considered an irreducible minimum of services and resources that would be required to meet these needs. We had in our group Mrs. McMullen who is a public health nurse in unorganized territory way up in that part of the map which cartographers print 1/4 scale so that people in Southern Ontario will think that Northern Ontario is about the same size. We thought that this was a most effective way of focusing our thinking because Mrs. McMullen has said that she was all alone, a lonely voice in the wilderness in every sense of the word without any helpers or coordination or communication. We asked what resources she had and she said none, "I am the resource". It was





really quite apparent that there were only two or three of the helping agencies that we could not envisage as going in to help this person. I won't list the things that we did discuss, but it is obvious that even in the irreducible minimum situation that there are answers if there is assistance from the Foundation and from some local community interest. We felt that the problem can be attacked just as easily in a good many ways than it can be in a large metropolitan area. We were interested to discuss some of the possible methods of case finding such as rural mailmen and community gossiping on the telephone and around corner stores and so on, all important sources of information if you have the community interest stirred up.

We did reach some genuine benefit from this. I know all the group were elated by yesterday and I think most unhappy that at least the emotional side of this course couldn't be reversed and we couldn't have felt as happy when we came here as when we come to the sad part of leaving. We're grateful to our leaders and resource people and to the Foundation for the privilege of being here. I think though, that instead of packing the steamer trunk for the weekend visit, we are all going back to our community with not merely more physical information (although I have a half bag full to pay excess baggage on Air Canada) I do think that we are much better equipped and certainly stirred up. I was most pleased by the attitude of the group toward community involvement. At no time was there any buck passing. Certainly, thinking about the irreducible minimum situation, there is no way of passing the buck. The onus is on them with the Foundation's help. I just thought that in going back with this mass of information, I felt a little bit like the young girl from St. Paul who attended a birth control ball. She bought pills and devices at exorbitant prices and nobody asked her at all!

#### GROUP NO. 8

Speaker: Major James Timmens

Our group defined the problem of addiction as one of major proportions and this explains my presence here. I'm looking forward to the opportunity of presenting a general approach and getting down to the "colonel" of the matter. I think Lawrie mentioned that he was looking forward to the presentations and hoping that they would get off with a bang. We are Group Eight and I think our obligation is to bring it about to full circle, ending with a bang. We assumed, and rightfully so, that the other presentations would include certain themes and for that reason we felt obliged in our group to devise a concept that would put into focus much of this material. For our concept we devised what we call the buckshot approach. Now before I explain the buckshot approach, I think I should explain a bit of the bull's-eye approach.

If our experience has been to search, the bull's-eye approach is simply that alcoholism or addictions may be known as the Holy Grail of the bull's-eye. If we can find a single cause, a single reason, a single plan, a single treatment, a single pill, then we've got the problem licked. And we've spent many years and a great deal of effort and energy in trying to find the bull's-eye. We haven't been able to do this. While we would encourage continued effort in this regard, we must be realistic and practical and perhaps abandon for the moment the bull's-eye approach and adopt some other concept. This is the buckshot approach. Now





let's say that we have the problems of addiction. We find our universe which could be the community. It could be a province, or a nation. It could be the world, in fact. Now, how do we assault this problem of addiction? The concept that we've considered would be to utilize a shotgun. We've talked about the bull's-eye and buckshot, so we must get involved with a shotgun. The shotgun would be the community. You're all familiar with the mechanics or why or how to use a shotgun. The shotgun has not a bullet, but fires buckshot or pellets in a cartridge. So let's use a cartridge. In it we have gunpowder - gunpowder would be the motivating force. Within the cartridge we have pellets. Now these pellets represent many things. They represent attitudes: abstinents, moderates, the wets, philosophies, social, spiritual and many others. These pellets also represent various models: cultural, medical, social, mental health models. Also included are laws, politics, research agencies and programs, hospitals, clinics, courts, Street Haven, A.A., Halfway Houses, Al-Anon, Synanon and many, many others. They also include the professionals, the clergy, the medical profession, the ancillary and auxiliary sciences, social sciences, educators, etc. Some of these people are concerned with treatment, others with research, others with prevention. So we load this cartridge with all these; ideas, attitudes concepts, philosophies, agencies, programs and so forth. The anxieties and interests of the community pull the trigger, then we fire at this target - alcoholism. Now, what occurs when we fire the trigger? The pellets hit the target. Each pellet in its own way serves to assault the target and the surrounding area. Now, certainly with one volley the assault on the target leaves some areas that continue to remain unaffected. It might be necessary to fire more volleys with new ideas, new concepts, new plans, etc. Our eventual goal, of course, is to obliterate the target. Now how does A.R.F. fit in the pattern? Our feeling is that A.R.F. tends to bring through communication, through coordination, through dialogue with these various pellets, the barrel or the muzzle of the shotgun closer to the target so that when it is fired, it will at least hit on target and not off. So, A.R.F. then, is a facilitating force. It's a rangefinder and also provides services and contributes research and so forth. We see A.R.F. as serving the function of a coordinator or liaison or stimulating development in the community as opposed to just a service facility.

In summary then, what ideas do Cutcher's Commandoes want to get across? We abandoned the idea that in target shooting for the Bull's-eye (assuming that there is a bull's-eye and that you've got a weapon) a magic bullet will hit the bull's-eye. We advocate the buckshot approach, using pellets and in varying numbers. You can load that cartridge with many pellets or you can change the pellets. There are many small approaches each with some validity of their own. The factors that control this are the pellets' distance away from the target and the force of the charge, the motivating factor, the gunpowder. Our goal is to cover the target with enough pellets to damage or limit or obliterate the big A. We assume that there are enough pellets, so that if they are scattered or too far away from the target or there is not enough force, they are ineffective. So our goal then, is to design a weapon, control the choke, concentrate the pellets, identify the sources of help, to coordinate by using the rangefinder, get the weapon close enough to the target in order that we can saturate it and also to make the charge strong enough to motivate and coordinate the services in the community. And now to demonstrate what I mean and to leave you with this parting shot; you should prise the Lord, pass the ammunition and keep your powder dry!





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